MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13711 CERTIFICATE OF DEATH 2b. HOURD Middle Last DECEASED-NAME 2a. DATE OF DEATH 24 hours after death (Type or print) Month GROVER CLEVELAND ABE 3. SFX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) MORTHS 1 DAYS MALE WHITE 9/22/84 signed by the attending physician and campletely filled in by t burial-transit permit. Then please remave carbon papers. Par please remave carbon papers. Par and in any event within 72 hours 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH country)MARYLAND USA WIDOWED DIVORCED [ALLEGANY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)

HEART HOSPITAL 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)
FARMER Retired **INDUSTRY** CUMBERLAND FARMER 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE W. VA. 186. COUNTY YES NO 🕟 RIDGELEY 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Lost ABE ANNIE LARGENT ABE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or untrown) 234 40 3078 SACRED HEART HOSPITAL 900 SETON DRIVE CUMBERLAND, MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) Corciuma coll burial-transit an Baugnon rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) arterial Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? cell Concern CAUSES OF DEATH? YES [NO X 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work TO HOSPITAL OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from 7-2-, 1966, ta______, 19_____, that (I) (we) last saw the deceased alive an 10-1-68 1964, and that in (my) (our) apinian death accurred an the date and haur and from the 7-2-1968, 10. causes stated abave, (1) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR V BEGREE 22e. ADDRESS 22d. PHYSICIAN'S 113-A SOUTH CENTRE STREET DR. VICENTE VALLS NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY TO ENLAND 13d. LOCATION (City or Town) 23b. DATE 230. BURIAL CREMATION Oct.20,1968 Everett Cemetery Near Ridgeley W. Va. Scarpelli, Cumberland, Ma. VR A15 (4)0 30M REV. 1/6

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TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspiral or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health	While Not while at work 220. I certify that (I) (If saw the deceased couses stoted above 22b. SIGNATURE 22d. PHYSICIAN'S	nis hospital) attended the deceas	ed from 1922, and that in my (our) body ofter death. ATTENDING PHYS 22e. ADDRESS 122	9 6 7, to 3 7, 19 opinion deoth occurred on the do MED. STAFF PHYS. 22c. I	DATE SIGNED
O HOSF Page 4 O FUNE directar shauld	23g. BURIA., (REMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Keyser - W. Va.	(County) (State)
VR A15 (4) 30M REV 1/68	24 FUNERAL DIRECTOR FLUCT	JNERAL HOME KEYSER	250 REC	TO BY REGISTRAR 258. REGISTRAR S	SIGNATURE Judge



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4			2 6 7 0 0 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH				13717	,		
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	d fe		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	HOUR A.M. Manth Day Year P.M. 19					
	OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by je 3 shauld be detached far use as the burial-trared with the State Dept. af Health priar ta burial, cre			21d. INJURY OCCURRED While Not while of work	ACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			City or Town	-	State
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	O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil		230.	BURIAL CREMATION. 236 DAT		EMETERY OR CREMATORY		CATION (City or Town)	(County) (State	e)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH 13718 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. law requires that the death certificate be executed within 24 hours after death. (Type or print) **EMMA** S. BELL 68 8:45A 10 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 6. AGE (In years last birthday) MONTHS I DAYS 12/31/93 FEMALE WHITE 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) 0H10 UNITED STATES ALLEGANY CO.. WIDOWED K DIVORCED [7] physician and campletely filled 10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give SACRED HEART HOSPITAL during most of work not ife, even if retired.) INDUSTRY remave carban CUMBERLAND, MD. 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER MARYLAND 136 COUNTY YES 🗌 NO 🗔 14 FATHER S NAME 15. MOTHER'S MAIDEN NAME First CARL /STIEIVE Gowitzke COWITZKI MATILDA Stieve 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) 291 01 7103 PATIENT'S HOSPITAL CHART ar remova APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line fa; (a), (b) and (c).)
PART I DEATH WAS CAUSED BY BETWEEN CINSET AND DEAT Ulmmary IMMEDIATE CAUSE (a) signed by the atter burial-transit perm burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a), A CONSEQUENCE OF batic metastasis -> carcinoma of colon DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retained by the haspital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 150 filerosis and cardiomerales has been stached far use as the Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? JAN-1968 CARCINOMA OF COLON NO T YES [77] O FUNERAL DIRECTOR: After this certificate 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from FEB 21, 1968, to 042, 1968, that (I) (we) last saw the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the shauld be director, page 3 should should be filed with the couses stated obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNAT 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) 69 GREENE ST. CUMBERLAND. RICHARD SCHINDLER 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b, DATE (County) 23a. BURIAL, CREMATION Cremation Pittsburgh Allegheny,
REGISTRAR 256 REGISTRAR'S SIGNATURE 1968 L. Beinhauer & Son Co. Penna. Oct. 2So. RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Philip B. Wendt 121 Memorial Ave. Cumb., Md. 30M REV 1/68 DATO CT

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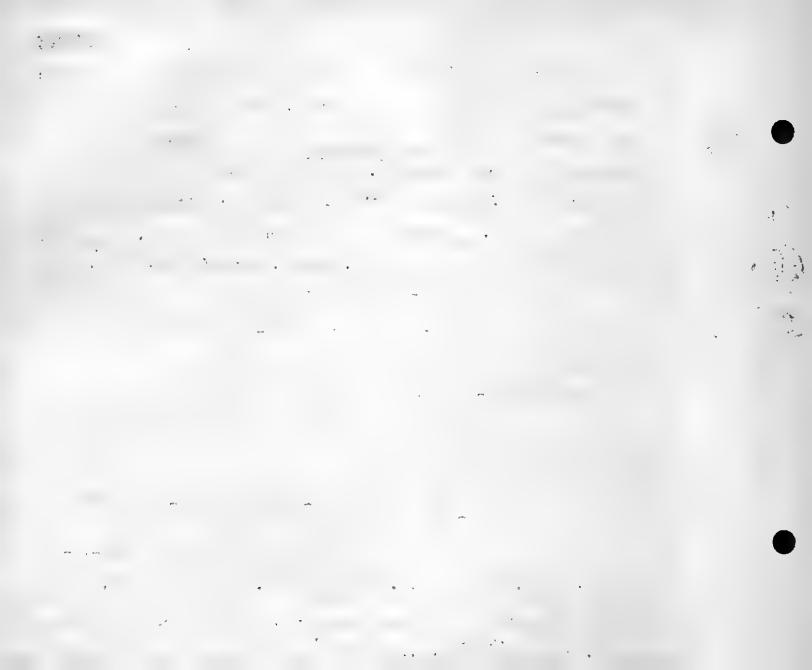
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13720 1. DECEASED-NAME 20. DATE OF DEATH death. Leot C. Blacka be exertited within 24 hours after death. LEOT OCTOBERATA 7, Doyl 968 or BLACKA : 1 5 PM (Type or print) 3. SEX DATE OF BIRTH 8-16-94 4. RACE 1F UNDER 24 HRS iasio FEMALE WHITE 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) ALLEGANY PA. U. S. A. WIDOWED A DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during to working life, even if retired) HOSPITAL **CUMBERLAND** 130. USJAŁ RESIDENCE (Where deceosed fived, if institution Residence before 13c. CITY OR TOWN 136 INSIDE Odm.ssion) STATE MARYLAND 36 COUNTY ALLEGANY CUMBERLAND YES ond in any event, 13e. STREET AND NUMBER 219 GRAND AVE. 136. INSIDE CITY CIMPTS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle lost **BROWN JENNIE** DUNAWAY **HENRY** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT MEMORIAL HOSPITAL, requires that the death certified Yes, no, or unkappyg) cremotion, ar removal. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-tronsit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse-PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO TO 21r HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 210. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 7 1968, to sow the deceased alive an 1968, and that in (my) (our) opinion death or causes stated abave, (1) (wo) (did) (did not) view the body after death. 10 - 7, 19 6 K, that (1) (we) lost ___19 68, and that in (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATURE) 22c DATE SIGNED MED. DIRECTOR DEGREE PHYS. CARLTON 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) CUMBERLAND. MD. 230. BURIAL, CREMATION 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE (County) REPOYM DOMOTY) 10-10-68 Hillcrest Burial Park Cumberland, Allegany, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D_BY REGISTRAR Searpelli, Cumberland, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH M ddle Lost 2b. HOUR P I. DECEASED-NAME First 24 haurs after death (Type or print) Month HELEN CATHERINE **BOCKHOUSE** 10 5:10 M 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 3. SEX FEMALE WHITE 11 08 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED MARYLAND USA **ALLEGANY** DIVORCED XX WIDOWED [13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12e HSHAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR S'ACREDITON EART dusing consect Anthony life, eyen if setined) HOSPITAL **CUMBERLAND** Rutomotive. 13o, USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c OTY OR TOWN burial, cremation, ar removal, and in any event, 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE MD. 136 COUNTY ALLEGANY 1055 NATIONAL HIGHWAY YES X NO C Lavale 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost BOCKHOUSE **HENRY BERTHA** DAVIS requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or of (hown) (It yes give war or dates of service) HOSPITAL RECORDS 900 SETON DRIVE -CUMBERL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEGUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) directar, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priarta 196, DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO X 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work causes stoted above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22: DATE SIGNED ATTENDING PHYS MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) 21502 A. PAGAN LA VALE. MARYLAND 23d LOCATION (City or Town) 230. BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) BENOVAL (Specify) Allegany, St. Luke's Cemetery Cumberland. 9 10/10/68 24. FUNERAL DIRECTOR VR A15 (4) H. Wayne George Cumberland, Md. 30M REV





		CERTIFICATE OF DEATH		4 2 M V V
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(Type or print) MILL		BOWMAN	Manth 10 -Da	
1. DECEASED NAME (Type or print) MILL 3. SEX MALE 70. BIRTHPLACE (State or foreign country)	4. RACE WHITE	S. DATE OF BIRTH 09 -24 -90	6. AGE (In years lost birthdoy) 78 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
rely filled in paper in city or some of person of city or some of person of city or some of ci	U.S.A.	WIDOWED DIVORCED USUAL	COUNTY OF DEATH ALLEGANY COUNT OCCUPATION (Kind of work done to f working life, even if retired.)	Y Md. 12b. KIND OF BUS GORR. CELANESE
13a. USUAL RESIDENCE (Where decidents son) STATE MARYLAN 14 FATHER S NAME First	ID 13b. COUNTY	CUMBERLAND YES NO	RT. #5, CUMB	
		,	ARA	BOWMAN
160. WAS DECEASED EVER IN U.S. A Yes, No or unknown) (11 yes on		17. INFORMANT 919A HOSPITAL RECOR	900 SETAINSSD DS - CUMBERLAND,	MD. 21502
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TORRETORY (If either, notify medical example of the hasbit of the hasbi	this haspital) attended the decease alive onl ve, (I) (we) (did) (did nat) view the l Brings BRINGS, M.D.	ed from G - 2 - , 19 G , and thot in (my) (our) opinion body after death. DEGREE PHYS. 22e. ADDRESS 57 GREENE S	STAFF CLUMB., MD.	DATE SIGNED 10-2-68
		SURY-I.DOF	23d. LOCATION (city or 1awn) SALISBURY-SANIS REGISTRAR 25b. REGISTRAR 1 1968	(County) (Stote) RSET_CO-PA, SSIGNATURE PLEY JURGER

MAKTLAND STATE DEPARTMENT OF HEALTH

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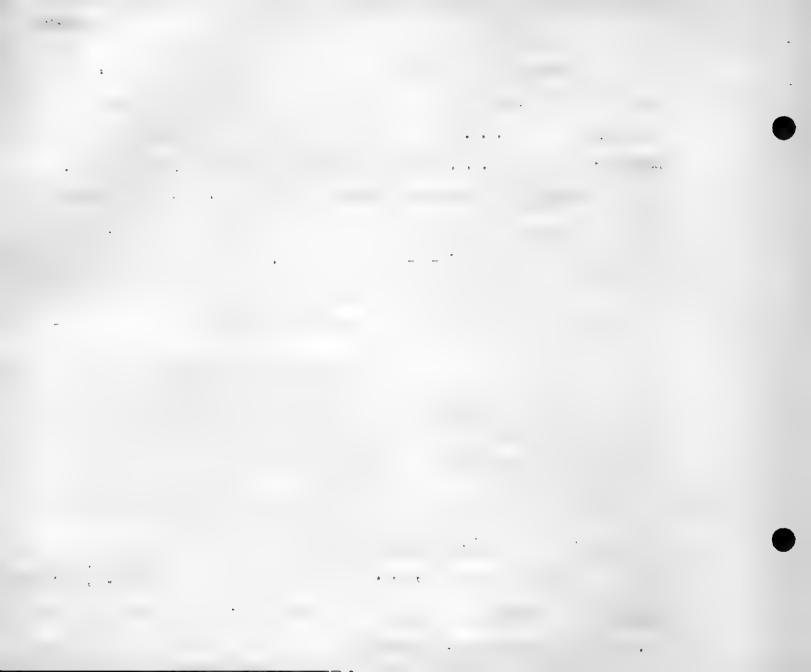
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13724 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 2a. DATE OF GEATH First Middle within 24 haurs after death. OCTOBE Ronth (Type or print) ANNA BROTEMARKLE 8 Day 1968 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR last birthdoy) FEMALE WHITE 7-15-94 DAYS HOURS 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED country) U. S. A. ALLEGANY DIVORCED | WIDOWED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during (1944 of working life, even if retired.) CUMBERLAND give an Emphilip) [A] HOSPITAL INDUSTRY and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before. 13c CITY OR TOWN 13d INSIDE CITY LEMITS? 13e. STREET AND NUMBER odmission) STATE IBS COUNTY BEDFORD HYNDMAN YES NO IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost CHARLES LOGSDON MARXaret LOWERY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address requires that the death certificate Yes, no, or unknown) (I yes give yor or dates of service) 210-18-95 MEMORIAL HOSPITAL, CUMBERLAND, MD. cremation, or remayal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per liperfor (a), (b), and (c),) PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arcinona DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to t Page 4 may be retained by the haspital ar attending 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 20g. AUTOPSY? TO FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES [NO Z far use Health 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work saw the deceased alive an.... causes stated abave, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE **ATTENDING** MED
DIRECTOR DEGREE director, page should be filed 24 OPRESDECATUR 22d PHYSICIAN S CARLTON BRINSFIELD ST. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) Co., Pa. REMOVAL (Specify) 1968 Hyndman Cemetery Hyndman, Bedford Oct. 12, 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Harvey H. Zeigler, Hyndman, B.

MAKYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13725 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle 20 DATE KNOWNIC Month (Type or Print) ESTI-Poge 0 Frantz 1968 8 AM Samuel 10 Car] DEATH MATED delay 3 6 AGE (In years 3 SEX 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR HOURS 10 19 68 9 12/11/1911 53 YRS White Male 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH form WIDOWED [DIVORCED [U.S.A. Maryland Allegany Give Pages after death 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (if not in haspital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even f retired) INDUSTRY Cumb News Telegraph Editor. D.O.A. - Sacred Heart Hosp Cumberland atona 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN Maryland 3b. COUNTY Allegany LaVale YES NO W 951 National Highway 1 ond 2 ofter 14 FATHER'S NAME Middle Inst 15 MOTHER'S MAIDEN NAME First Middle Urner Kathryn Frantz G Carl pencil in poges hours 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS951 National Hwy (Yes, no, ar unknown) 214-05-4895 Margaret J. Carl LaVale, Maryland = within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY CORONARY OCCLUSTON SHIDDEN IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF CORONARY Conditions, if any, which gave SCLEROSIS rise to immediate cause (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(g) 0 nsed 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NO X YES 🔲 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE Of INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) may be retained for yaur FUNERAL DIRECTOR: Page WHILE MOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X. and in my apinian death resulted fram Natural causes X . Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. October 11, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Heolth Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or county) Cumberland. Maryland NAME (Type) 23a. BJRIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 10/13/68 Rest Lawn Mem Gardens LaVale Allegany Maryland Burial 24. FUNERAL DIRECTOR 2Sa REC D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 1968 VR A15ME (5) H. Lee Silcox Cumberland, Maryland 21502

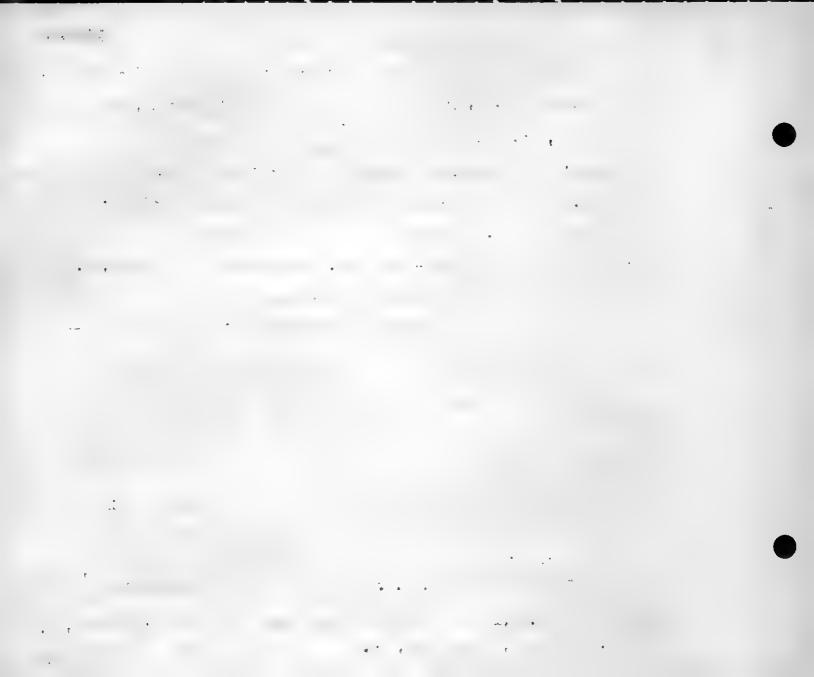
MARYLAND STATE DEPARTMENT OF HEALTH



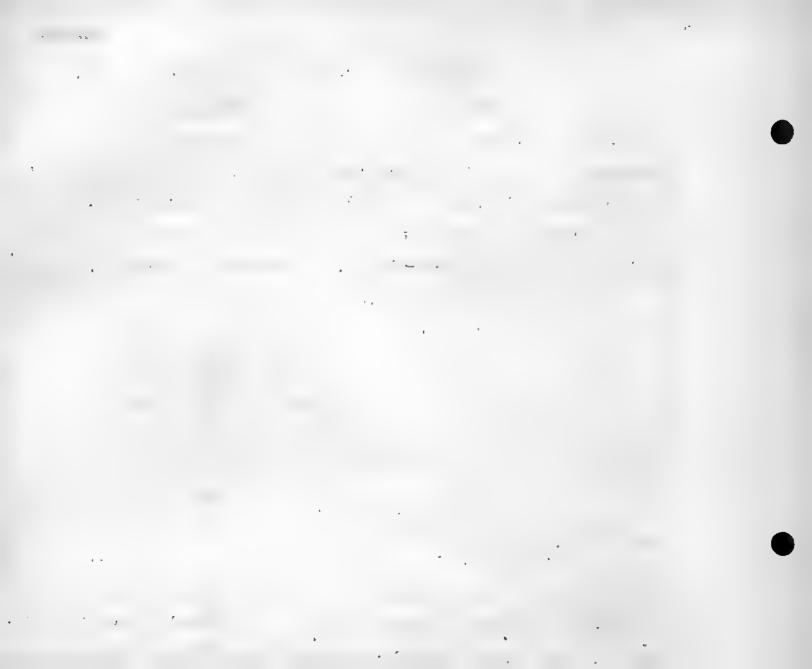
MAKYLAND STATE DEPARTMENT OF HEALTH

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11/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
TE)	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3727
71	1 DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy OF EST DEATH MATED 10-18-6	7eor 2b HOUR 58 19 6: 58p
	Male White Oct. 1,1901 6 AGE [n years MONTHS OAYS HOURS MIN Oct 1968 196	2d House
	70 BIRTHPLACE (Stote or foreign 70 CHIZEN OF WHAT COUNTRY? - 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY) Cumberland, Md. USA WIDOWED DIVORCED Allegany	N
n	10 CITY OR TOWN OF DEATH 11. NAME OF HOSP TAL OR INST.TUTION (If not in hospital dang most of work done give street address). 12. USUAL OCCUPATION (Kind of work done dang most of working life, even if retired.) 12. INDUST. 13. NAME OF HOSP TAL OR INST.TUTION (If not in hospital dang most of working life, even if retired.) 14. NAME OF HOSP TAL OR INST.TUTION (If not in hospital dang most of working life, even if retired.)	IND OF BUSINESS OR
THE THE PERSON NAMED IN	13a US.A. RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN odmission) STATE Md. 13b (OUNTY Allegany Cumberland YESK NO 128 Bedford St.	
1	14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN-NAME First Middle Harry E. Chase Annie Hobrock	Last ·
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or darles of service) (16 SOCIAL SECURITY NO 705-05-4564 Mrs. Gracie Chase, Cumberland, Mc	i.Wife
	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Hemorrhage	APPROXIMATE INTERVAL ETWEEN ONSET AND GEATH Days
	Canditions, fany, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Hypertensive Cardiovascular disease (b) (b)	çan (da
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)	
2	WAS PERFORMED?	YES NOX
	21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OF COURRED (Enter nature of injury in Port 1 or Port 2, Item 18) PRIMARY OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. P.ACE OF INJURY (At hame, form, street) 23f. LOCATION Street or R.F.D. No. (by ar lown)	
	21d INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK	nty State
	22a. I certify that I took charge of the remains described above, held an Autapsy 🔲, Inspection 🔠, Inquiry 📑 🕏	and in my apinto
	death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner	
	SIGNATURE SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER 226 DATE SIGNED FYAMINEP'S DEPUTY MEDICAL EXAMINER A October 18	
4	NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or confidMBERLAND, 1	
	23d BURIA. CREMATION, Buria Cremation, Buria Cremation, Cumberland, Allegar	y) (Stote)
Q	James F. Scarpelli, Cumberland, Md. ADDRESS DATE OCT 2 2 1968 Colorla	nvt



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13728 CERTIFICATE OF DEATH DECEASED-NAME Eirst Middle Last 2a. DATE OF DEATH 2b. HOUR after deoth (Type or print) Manth Robert Augustus 1968 Clarke October 4 RACE 6. AGE (In years last birthday) 3. SEX S. DATE OF BIRTH 1F LINDER I YEAR IF LINGER 24 HRS AUTHUR! HOURS White October 23. Male 1893 70. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 1 NEVER MARRIED Newfoundland WIDOWED [DIVORCED [Allegany Canada g buriol, cremotion, or removal, and in any event, within 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)
Retired Sea Captain give street address) INDUSTRY Cumberland 1819 Bedford Road Canadian M 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? Merchant Marine 1819 Bedford Road vland Cumberland 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Last Robert Clarke Mary Ann Clarke 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Md. Yes, na, ar unknawn) 220-44-6324 Paul Castelle, 401 LaFevra Rd. Cumberland Mrs. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) arcinoma of rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO X YES _ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION 21d INJURY OCCURRED Street or R.F.D. No. City or Town State County While Nat while at work 22a | certify that (1) (this hospital) attended the deceased from 3/7/, 1968, to 10/30, 1945, that (1) (we) last saw the deceased alive on 10/30/68 (2009) and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted obove, (I) (we) (did) (did not by iew the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (State) 23a. BURIAL CREMATION (County) Cremation Pittsburgh Allegheny Penna. 0 Homewood Crematorium Md. 25a. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 TUNERAL DIRECTO VR A15 (4) Balto Ave. Cumberland NOV 30M REV, 1/68



FOR STATE		13718 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13729
HEALTH DEPT.	1 [DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Doy Year 2b HOUR
~ (2) % To		Type or Print) Oscar Herbert Clauson OF ESTI- DEATH MATED 10-18	
32 % E	3 5	EX 4 RACE S. DATE OF BIRTH 6 AGE (1) YEAR 1 F UNDER 1 YEAR 1 UNDER 24 HPS. 2c DATE PRONOUNCED DEAD	2d HOUR
PE 2		Male White Mar. 7, 1898 70 vrs October 18, 19	68 ed 19 6:30p M
an F		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
ath dny ages 1, 2, ith farm R	cons	Tryland USA W DOWED TO DIVORCED Allegany	Md
haurs after death Usem 18 Give Pages 1 Office along with farm 1 and 2 with the State D after death.		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 120 USUAL OCCUPATION (Kind of work done In the street address)	26 KIND OF BUSINESS OR
r den ive P g wi the	C	umberland give street oddress) USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d IMS DE CITY LIMITS? 13e STREET AND NUMBER	
haurs after Vem 18 Giv Office alang 1and 2 with	130	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d MISDE CITY LIMITS? 13e STREET AND NUMBER domission) STATE Larylar & Corrigany; YESTENO	
hours Jem 18 Office o			
at a te	14	T 3	lost
nnel in miner s pages hours	065	John Clauson Clara (Knepp) WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Clauson
be executed with 24 pending in pending in pending in the Medical Etaminers ansit permit. File pages I event within 72 hours o	((65.76. of ynknown) 1 4 97 or 1 dry of 207-09-6528 John L. Clauson. Corrigan	
HE GOOD		18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c))	APPROXIMATE INTERVAL
uteo inal inal uthii		PART I DEATH WAS CAUSED BY PLI MONARY FMROLTSM MASSIVE	SUDDEN
Med Med		DUE TO, OR AS A CONSEQUENCE OF	
pe per per per per per per per per per p		CRUSHING INJURIES OF BOTH KNEES	5 days
ord e Ch I-tra		r se to immed ofe couse (o), (D) DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed ne ward pending 's a the Chief Medical burial-transit permit.		lost (c)	
INER: This certificate should be executed to certificate, writing the ward 'pending' in should be farwarded to the Chief Medical Eties 3 should be used as a burial-transit permit. Faction, ar remayal, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rifica iting ardec ardec ardec	중	8167	
his certifiate, writtee farwar be used	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This rate be be	ERTE	210 EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Iter	YES X NO
INER: TI ne certifico shau.d bi fi es 3 should l	CA. C	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 210. TIME OF NJURY Month, Day, Year HOUR ## Automobile collision Rt. #35. 2 miles west of Corrigor	ן שו מ
INER e cer shau fi es 3 sho atior	MED	PRIMARY OR CONTRIBUTING 8:00 PM 10-13-689 CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No Cty or Town	County State
AMI e three 4 our rem		White NOT WRITE 10ctory, office building, etc.) Rt. #35. 2 miles west of Corrigan	ville, Md.
D DEPUTY CALL EXAMINER: This certificate shauld necessary, please execute the certificate, writing the ward the funeral director. Page 4 shau,d be farwarded to the Ch 5 may be retained far your files. D FUNERAL DIRECTOR: Page 3 should be used as a burial-traffealth priar to burial, cremation, ar remayal, and in any		22a certify that I took charge of the remains described above, held on Autopsy [X]. Inspection [X]. Inquiry [X].	and in my on mon
CAI executed for the following		deoth resulted from. Notural causes , Accident XX Suicide , Hamicide . Undetermined manner	
irect arine to to		CHIEF MEDICAL EXAMINER	_
JIY COLOR		SIGNATURE Derected Liketaralic MD ASSISTANT MEDICAL EXAMINER [22b. DATE SI	GNED
our sary iner / be / be		EXAMINER'S DEPUTY MEDICAL EXAMINER X OCTOBER 1	
necessary, please e the funeral director 5 may be retained for Funeral Director Health prior to bu		NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street city, town, or cocumberland,	MARYLAND
01	230	DEMOVAL (Cooks)	County) (Stote)
	_	BUTIAL October 21, 1968 Rose Hill Cemetery Cumberland, A FUNERAL DIRECTOR ADDRESS 250. RECTO BY REGISTRAR 250. REGISTRAR 250. REGISTRAR 250.	Allegany, Md.
VR A15ME (5)			
10M REV. 1/68	11	arvey H. Zeigler, Hyndman, Pa. DATE UGI 22 1968 JCC.	when Judge

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Ser Control of the Co			•	ERTIFICATE OF DEATH	more, maritand 21201	13730
- 8-	1. DE	CEASÉD-NAME First	Middle	Last	2g. DATE OF DEATH	2b. HAUR
er death. funerol g ond 2 er death.		ype or print) ELEANO		COGLAN	OCTOBER 1Day	1968 2:15M
the fu	3 SE	FEMALE	4. RACE WHITE	5 DATE OF BIRTH 5-24-01	6 AGE (In years last birthday)	FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
A hour	70. 8 VE	STERNPORT, MD.	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9, COUNTY OF DEATH ALLEGANY	Md.
within 24 fulled on pape	C	ITY OR TOWN OF DEATH UMBERLAND		OSPITAL 120 USU/	L OCCUPATION (Kind of work done opt of working life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY TEACHER
omplete		USUAL RESIDENCE (Where deceased scian) STATE MD.	lived, if institution: Residence before 13b. COUNTY ALLEGANY	13c CITY OR TOWN 13d MISIOE CITY II WESTERNPORF区 NO	130 STREET AND NUMBER 131 PHILOS	AVE.,
be exe	14 F	ATHERS NAME First ALLAN	Middle Last COGLA	1S. MOTHER'S MAIDEN NAME F	irst Middle ARY ELLEN	MARTIN
irficote hysicior n pleos /al, and	16a. Y	WAS DECEASED EVER IN U.S. ARMED BS, na, or unknown)		O. 17 INFORMANT 7328MEMORIAL HOS	PITAL, CUMBERLA	ND, MD.
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician. NIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral est should be detached for use as the burial-transit permit. Then please remove corror papers the burial, cremation, or removal, and in any event, within 72 hours offer death with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B' IMMEDIATE	ane cause per line (a), (b), and (c).) Y: CAUSE (a)	tin Road for	ilux ou	APPROXIMATE INTERVAL BETWEEN ONSET AND OLATH
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CLAN: 1 ital or ifficate 1 for us of Healt	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING or contributing cause of death (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, I	tem 18.)
PHYSI ne hosp this cer etochec Oept. c	ME	21d. INJURY OCCURRED 21e. PL/ While Nat while at wark at wark	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. No.	City ar Tawn	County State
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or ottending physician. I FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriol-transhould be filed with the State Dept. of Health prior to burial, creations of the state Dept.		22a. I certify that (I) (this I	haspital) attended the decease e an 19 I) (we) (did) (did gat) view the b	d from 3 -, 19 (and that in (my) (our) api	oo, to	e and haur and fram the
O HOSPITAL OR ATTEN Poge 4 may be retained W FUNERAL DIRECTOR: director, poge 3 should should be filed with the		22b. SIGNATURE	(ald har) view the b	ATTENDING IN N	NED STAFF 22c D	ATE SIGNED
O HOSPITAL OF Poge 4 may be U FUNERAL DIR director, poge should be filed		22d. PHYSICIAN'S NAME (Type) DR. W	. F. WILLIAMS	22e. ADDRESS	ENTRE ST., CUMB	ERLAND. MD.
OSF e 4 UNE scror	230	BURIAL CREMATION 23b. DAT		EMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
Pog E direction		REMOVAL (Specify) Durial Oct	3,1968 Phila		Westernport 1	Allegany Md
ON AS TAKE		funeral director Fredlock Jos		nont, W.Va DAIE OC		rlas Judge
4)	=					



1		10720	IVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH		13731
eath. eral nnd 2 eath.		ECEASED NAME First JOHN	Middle RAY	CONDRON	2a. DATE OF DEATH Month Day	2b. HOURP
cuted within 24 haurs after death. ompletely rifled to by the funeral ve carbon cors. event, Within 72 faurs after death.	3. 51	MALE	4. RACE WHITE	5 DATE OF BIRTH 7-14-66		F UNDER 1 YEAR SF UNDER 24 HRS. ONTHS DAYS MOURS MIN.
4 haurs	7 ₀	BIRTHPLACE (State or foreign 71	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NO NEVER MARRIED NEVER MARRIED NO NEVER MARRIED NE	9. COUNTY OF DEATH ALLEGAN®	Md.
within 2		CUMBERLAND		HOSP I TAL during	JAL OCCUPATION (Kind of work dane nost of warking life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY None
completions over carl	odm	STATE RGINIA	lived, if institution: Residence before 13b COUNTY Mineral	KEYSER YES	129 CARROLL	AVENUE
be execut		FATHER 5 NAME First RAYMON	The second secon		ELEN M.	MILLER
physicine physicine per please aval, and i	160.	WAS DECEASED EVER IN U.S. ARMEE (es, na, or unknown) (II yes give work No N	r dates of service)	MEMORIAL H	OSPITAL CUMBER	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE	ane cause per line far (a) (b), and (c) (Y) (CAUSE (a)	iratory Fair	luhe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t the deat the attend sit permit nation, ar		Conditions, if any, which gave to immediate course (a)	DUE TO, OR AS A CONSEQUENCE OF	/	km Daruage	8 do45
quires that the physician. signed by the burial-transit burial, cremat		stating the undersying cause	DUE TO, OR AS A CONSEQUENCE OF	vation + Ae	idosis	8-10 days.
N: The law requires the ar attending physician. The has been signed by ruse as the burial-transally cre	N.	PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	, ,	
The tay attend has be use as the prior of th	CERTIFICATION		NDITION FOR WHICH OPERATION WAS PE	REORMED 20a. AUTOPSY? YES NO [20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
binG PHYSECIAN: The law requires by the hospital ar attending physici frer this certificate has been signed be detached far use as the burial. State Dept of Health priar ta burial.	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (If either, notify medical examiner			ter nature of injury in Part 1 or Port 2, the	m IB)
; PHYS the hos this ce detache e Dept	×	While Nat while at work		TORY.) 21f LOCATION Street or RFD N		Caunty State
		220. I certify that (I) (this saw the deceased alive causes stated phove.	hospital) attended the decease e on TO-7- l) (we) (did) (did nat) view the	ed from <u>9-29-</u> , 19. 9 <u>-60,</u> and that in (my) (aur) a body after death.	68, ta 10-7-68, 19 pinion death occurred an the date	, that (I) (we) last ond hour and fram the
OR ATTO		22b SIGNATURE	Opracue	MA ATTENDING PHYS	MED STAFF DIRECTOR PHYS DI	TE SIGNED
D HOSPITAL OR ATTENION Page 4 may be retained by FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d PHYS CIAN S NAME (Type) DR.	ROBERT D. BROD	ELL 22e. ADDRESS MB E		
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the			-11-68 Queen	CEMETERY OR CREMATORY S Point Com.	23d LOCAT ON (City or Town) Koyser W Va.	(County) (State) Mineral)
VR A15 (4) 30M REV 1768	24.	Farald W.	My Conzukov		BY REGISTRAR 5 51 CT 1 4 1968 RCL	onature Judge



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•		A A A O C DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	13733
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	20.00
HEALTH DEPT.		CEASED NAME First Middle Last 2a DATE KNOWN Month	Doy Year 25 HOUR
delay is Mand 3 ta Manda 15	1	ype or Print) HARRIETT V. DAWSON OF EST. DEATH MATED 10/3	L1 1968 11W
Pa Pa	3 5	X 4 RACE S. DATE OF BIRTH 6 AGE (1) years IF UNDER YEAR IF UNDER 24 HRS. 20 DATE PRONOUNCED DEAD	2d HOUR
	FE	MALE WHITE OCT. 1, 1871 97 YRS DAYS HOURS MIN Month 10 Day 11	Year 19 6811P N
A CONTRACTOR	7a (IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
TE S	(aun	TRGINIA : USA WIDOWED TO DIVORCED ALLEGANY	M
Pages Pages The State	10. 0	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
5 6 5	C	UMBERLAND Give street address) ROUTE 6. Iduring most of working life, even if retired) 1	NDUSTRY HOME
agreement of the second of the	13a.	LS_AL RESIDENCE (Where deceosedved, at institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY (IM 15? 13e. STREET AND NUMBER	
death death	01	MARYLAND 13b. COUNTY ALLEGANY CUMBERLAND YES NO BOX 309 ROUT	re 6
them Item 10 Office I and 2 after d	_	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
24 h in Ite rs Of rs Of rs of		FREDERICK KYLES LETTIE.	SNYDER
		WAS DECEASED EVER IN U.S. ARMED FORCES? - 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within pencil is xaminer le page 72 haur	(Y	es, no, or unknown) (II yes give war or dates of service) NONE MRS. G. A. CAPEL. RT. 6. CUMP	BERLAND MD.
A Paragraphic A		18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b) and (c))	APPROXIMATE INTERVA.
xecuted iding" in Aedical E permit. F		PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
execut f Medica it permi		DUE TO, OR AS A CONSEQUENCE OF	42114
be executed bending" n sief Medical E unsit permit. F event within		(and t ons, if any, which gove) ADVANCED ARTERTOSCI, EROSTS	YEARS
ony a ch		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shour of the burial in a		lost.	
v' w o o		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate totale, writing the farwarded to be used as a total transverse to a total transverse total		4301	
	TION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is c far far far	CERTIFICATION	WAS PERFORMED?	YES NO 🔀
This ificate, d be for all be and ar rel		21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	m 18)
(AMINER: This certife the the certificate, writh the 4 should be farwair raur files. age 3 shauld be used age 3 shauld ar remava	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
State of the state	MEC	21d INJURY OCCLERED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. Gity or Fown	County State
SICAL EXAMINER: se execute the cert sector. Page 4 shault med for yaur files. ECTOR: Page 3 shaus or burial, crematian,		WHILE NOT WHILE OCTORY, office building, etc.)	
Page of July 1997		22a certify that I took charge of the remains described above, held on Autopsy , inspection X, Inquiry X,	and in my apintan
CAL I exector. Por for CTOR: burial		death resulted from Natural causes X. Accident, Suicide, Hamicide, Undetermined manner	
		CHIEF MEDICAL EXAMINER	Land
TY, ple eral di se reto AL Di prior		SIGNATURE Denedict of Kitare Licho ASSISTANT MEDICAL EXAMINER [] 226 DATE SI	IGNED
Ssary, principle of the			11 1968
cess fu fu offh		NAME (Type) BENEDICT SKITARELIC M.D. ADDRESSETIEGE, Gy, town, or COUNT BERLAND	
TO DEPUTY necessary, planet funeral of 5 may be reformed to FUNERAL I Health prior	23a	RURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) BURIAL 10/14/68 PHILOS CEMETERY WESTERNPORT M	
2		FUNERAL DIRECTOR ADDRESS 25a REC'D BY REG STRAR 25b. REGISTRAR'S SI	GNAIURE
VR A15ME (5)		BYRON KIGHT CUMBERLAND, MD. DELOT 2 1 1968 Ochowis	o moze

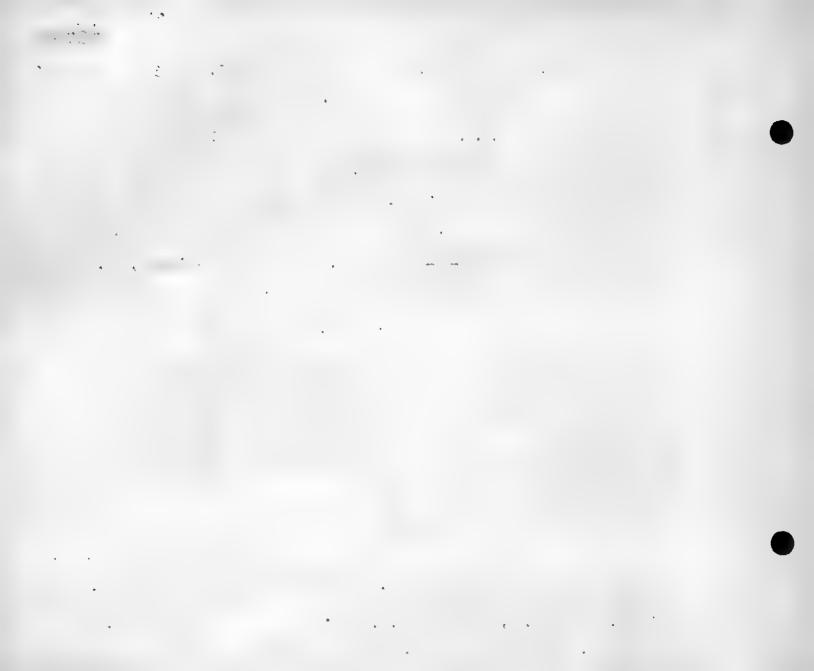


1		AND STATE DEPARTMENT OF					
10728	10723 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH						
DECEASED NAME (Type or print)	CHÄRLES B.	DIEHL	OCTOBER 3 Poy	1968 8:40°M			
3 SEX MALE	4 WHITE	S DATE OF BIRTH	6 AGE (In years lost birthday) 64 YRS.	F UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			
70. BIRTHPLACE (State or fi		MARRIED NEVER MARRIED UNIDOWED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md.			
CUMBERLAN		ORIAL HOSPITAL During in	•	126 KIND OF BUSINESS OR ENNSTROLTY			
13a. USUAL RESIDENCE (Who admission) STATE MAR	here deceased lived, if institution: Residence before YLAND 13b. COMMYLEGANY		10 🗀				
		HL IS MOTHER'S MAIDEN NAME	JENN I E	SMITH			
160. WAS DECEASED EVER 1 Yes, no, or unknown)	IN U.S. ARMED FORCES? 166 SOCIAL SECURI		HOSPITAL, CUMB	ERLAND, MD.			
Conditions, if any, wirise to immediate containing the underlyillost. PART 2 OTHER SIGNI	cause (a),	OF Stomule 3	CONDITION GIVEN IN PART 1(0)	BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION 21a. ACCIDENT WAS	Chatrie Carun UNDERLYNG 216 TIME OF INJURY	YES NO	20b IF YES, WERE FINDINGS (CAUSES OF DEATH? er nature of injury in Part 1 or Part 2, 1				
(If either, natify med 21d hkJURY OCCURR While Not while of wark	dicol examiner) P.M. RED 21e PLACE OF INJURY (AT HOME FARM STREET OFFICE BUILDING, ETC.	FACTOR*) 21f tOCATION Street or R.F.D. N		Caunty State			
causes stat	and (1) (this hospital) attended the dece eccased alive an 3 to ed abave, (1) (we) (did) (did not) view to	he bady after death.	T 22c [te and haur and from the			
22d. PHYSICIAN'S NAME (Type)	C. BRINSFIELD		MED. DIRECTOR DISTAFF PHYS. RLAND, MD.				
230 BJRIAL, CREMATION, REMOVAL (Spenty)		OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	l'legany, Fid.			
24. FUNERAL DIRECTOR Harvey H.	ADDR		BY REGISTRAR 25b REGISTRAR'S 7 1968 RCLLCAN	SIGNATURE Las Judes			

* • ē } .

	L	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		1272 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13735
HEALTH DEPT.	1. D		Day Year 2b HOUR
200	1	ype of Printy STANLEY LEO DONAHOE, JR. OF EST DEATH MATED □10-14	-68 192:00a M
deloy and a second	3 SE	4. RACE S DATE OF BIRTH 6 AGE (a years 15 Under 1 YEAR 15 JUNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
]	MALE WHITE MAY 24, 1930 38 YRS. MONTHS DAYS HOURS MIN OCTOBER Day 1, 1	96 M 2: 30am
any 22.		GRIHPLACE (State of foreign 76 (T.ZEN OF WHAT (OUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	OLL HOOCE
Ss 1 Form form	(GUN	MARYLAND USA WIDOWED DIVORCED X ALLEGANY	Md.
death e Poge with t	10 C	ITY OR FOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 1)	2b KIND OF BUSINESS OR
	Cī	JMBERLAND give_street_fiddess) 5 during_nost_of_working life, even if retired.) 18	NDUSTRY
after Safter Safter Safter Safter Safter death	3a	USUAL RES DENCE (Where deceased I ved, if institution. Residence before 13c CITY OR TOWN 13d. IMSIDE CTY JIM 15? 13e STREET AND NUMBER	
15 m 2 3 m	M	ARYLAND 136 (OUNTY LIEGANY CUMBERLAND YES NO W ROUTE 5	
hours leff (e.	.4. F	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Los!
		STANLEY LEO DONAHOE, SR. LEAH	KNEE
thin 2 noil in niner pages hours	16a. V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
within pencil Exomine File pag		es, no, ar unknown) (If yes give war ar dates of service) (ES KOREAN WAR218 30 0347LEAH DONAHOE ROUTE 5 CUMBERI	AND MD.
ed Figure 1		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
with with		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) GASTRIC HEMORRHAGE	4-5 HOURS
be executed "pending in hief Medical E. sonsit permit. Fevent within		531.9 DUE TD, OR AS A CONSEQUENCE OF	
be "p" hief ansi		Canditions, if any, which gave the couse (a), (b) ULCERATION OF GASTRIC MUCOSA	
ould I		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be executed he word "pending" is to the Chief Medical buriol-transit permit.		last. (¢)	
₽ ∓ + 6 ≥		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
tifico iting ordec d os	NO N	the state of the s	
his certificate writing the forward be used the common of	EA	19a. DATE OF OPERATION 19b. CONDITION FDR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
this of e	CERTIFICATION		YES NO
INER: Tipe certification of the certification of th	At CE	21a EXTERNAL CAUSE WAS 21b TIME DE INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY DCCURRED (Enter nature of injury in Part 1 or Part 2, Item	1 18)
NER cer hou hou lies. sho tror	MEDICAL	CAUSE OF DEATH P.M. 19	
(AMINER: e the certicle e 4 should rour files. oge 3 shou	≥ 1	21d INJURY DCCURRED 21e PLACE OF INJURY (At hame, farm, street, while not while factory, affice building, etc.) 21f LOCATION Street at R.F.D. Na City at Tawn	County State
		AT WORK AT WORK	
rcal E exector. Pa for Pa for CTOR: buriol,		220 I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🖾 Inquiry 🔀,	, ,
se escritorio		death resulted from: Notural couses 💢 Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
please 6 ple		ACTUAL CHIEF MEDICAL EXAMINER	
	[SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE SIG	
		EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. DEPUTY MEDICAL EXAMINER X October 1 ADDRESS Street, city, town, or countil MRERT, A NT	4, 1968
ro DEPUTY necessory, the funera 5 moy be 70 FUNERA Health pr	02-	Committee	
5 25 -		KEMOVAL (\nerity)	County) (State)
			ID.
VR A15ME (S)		OVDON KICHT CHAPPET AND MD	
10M REV. 1/dp1)07		DATE OF 2 1 1968 Complete of the contract of t	es Judge

. 1			D STATE DEPARTMENT		VI AND ALGOL		
	10725		N OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH				
	EASED NAME First	Middle	Last	2a. DATE OF	DEATH	1373	2b. HOUR
(Typ	pe or print) CHARLE	S F.	ENGLE	OCT.	Month 20 Day	1968"	9:15 PM
3. SEX		4. RACE	5. DATE OF BIRTH		6. AGE (In years last birthday)		UNDER 24 HRS.
	MALE	WHITE	OCT. 21,		71151		
7o BIR	PENNSYLVANIA	. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF			
	Y OR TOWN OF DEATH	U.S.A. 11 NAME OF HOSPITAL OR INS	WIDOWED DIVORCED	ALLE O USUAL OCCUPATION		LINE PIND OF OU	Md.
1	FROSTBURG	give street address) HO	SPITAL	STONE" MASON	fe, even if retired)	INDUSTRY SELF	21NF22 OK
13a. US admissi	SUAL RESIDENCE (Where deceased ian) STATE MARYLAND	13h COUNTY	vre f	7 40 [3	EET AND NUMBER		
		Middle Lost	trusiant 1	- 02	ASPINALL Middle	STURIDION	last.
14. FA	THER'S NAME First HENRY	ENGLE	15. MOTHER'S MAIDEN	CAROLINE		ETRICK	Last
16a. W	the provident of the last of an ince	TABLES IN COUNTY OF THE PARTY O	IO 17 INFORMANT	OMIONEINS	Address	SIMION	
Yes	s, no, ar unknown) (If yes give wor o	r dates of service) 217–05–7654	MRS. DORCAS	CROWE. FR		m.	
14	A CARISE OF DEATH (Enter only o	one cause per line for (a) (b) and (c))				APPROXIMAT BETWEEN ONSE	É INTERVAL T AND DEATH
П	PART I. DEATH WAS CAUSED B	Y. Ila Vani	// \7 0 // 1/	D .		200	wa.
ш	4 1	DUE TO, OR AS A CONSEQUENCE OF	4	\cap		0	
0	Canditians, if any, which gave) ise to immediate cause (a), ((b) è Coro	ray ackery	Dusuffi.	croney	10 2	21 -
S	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	Sp. ()	(/ /			
	ast.	(1) advance		V			
	PART 2. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN	IN PART 1(a)		
CERTIFICATION	9a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER		A CALIETE	YES, WERE FINDINGS C	ONSIDERED IN CERT	IFYING
KIIE			YES _	NO X	OF DEATH?		
4 0	Pa. ACCIDENT WAS UNDERLYING or contributing □ cause of DEATH of either, natify medical examiner	21b TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			in Part 1 or Part 2,	Item 18.)	
	21d. INJURY OCCURRED 21e. PL While Nat while 1 t wark of wark	ACE OF INJURY AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	(GRY.) 21f LOCATION Street or R	.F.D Na. City	or Jown	County	State
2	22a. I certify that (1) (this	hospital) attended the decease	d from AFRIC	, 1968, to_	10-30.19	68 , that (1) (we) last
	saw the deceased aliv	hospital) attended the decease	964, and that in (my) (a	ur) opinion deoth o	ccurred on the do	te ond hour an	d from the
		I) (we) (did) (did nat) view the l	oody offer death.		20.	DATE SIGNED	
	22b. SIGNATURE	The MA Self	DEGREE PHYS	MED. DIRECTOR	STAFE	DATE SIGNED 2-31-68	-
2	2d. PHYSICIAN'S	HATTICKEN O CECEM	22e. ADDRESS				
	NAME (Type) MART	IN ROTHSTEIN, M.	D. 48 E	BROADWAY, F		MD.	
	BURIAL, CREMATION, 23b. DATE OF COMPANY ALESPECIFY) NOV		EMETERY OR CREMATORY		N (City or Town)	(County)	(State)
	UNERAL DIRECTOR	. 2, 1968 ZION EV	AN. LUTHERAN	REC'D BY REGISTRAR	STBURG MI 2Sb. REGISTRAR'S	SIGNATURE	
		, FROSTBURG, MD.		NOV 4 40	68 Pelia	Mas Inde	el.
			DAIL			00	





-1 X		13727	DIAIRIO	OF VITAL RECORDS,		ICATE OF		IMORE, MAR	TLAND 21201	1373	8
-M21	1 DI	CEASED-NAME	First	Middle		lost		20 DATE OF			2b. HOUR
E S	(1	ype or print)	CLEMENT	JOHN		FESTER	MAN	1	O Month II	Doy 68 Year	4:10PA
7)	3. SE	X	4. RACE			5. DATE OF B			6 AGE (In years	IE UNDER I YEAR	IF UNDER 24 HRS.
		MALE		WHITE		8-13-1	0		lost birthdoy)	RS. MONTHS DAYS	HOURS MIN
	7a. E coyr	SIRTHPLACE (State or foreign TARYLAND	76. CITIZEN USA	OF WHAT COUNTRY?	8 MARRII WIDOW	ED NEVER MAI	RRIED 🗍	9 COUNTY OF		LEGANY	Mc
		ITY OR TOWN OF DEATH UMBERLAND, 1	1D.	11. NAME OF HOSPITAL OR IN STATISTICS STATIST	STITUTION (If not in hospital	12o. USU. 也产业 A	NESEOR P	(Kind of work do	ne 12b. KIND OI	BUSINESS OR
	13e odm	USUAL RESIDENCE (Where of serion) STATE MARY	LAND 13b. COL	nstitution: Residence before		OR TOWN	13d. INSIDE CITY L		REET AND NUMBER UPPER C	ONSOL RO	4D
	14 1	ATHER'S NAME First JOHI		festern		15 MOTHER'S M		ANNIE	Middle		Lost STERMAN
2	160. Y	WAS DECEASED EVER IN U.	S. ARMED FORCES? is give war or dates of ser			NEORMANT SACRED H				ETON DRI	
		18 CAUSE OF DEATH (En	ter only one couse	per line for (g); (b), and (c)	5-1		UMBERL	AND, AD	21502	MITTAGA	IMATE INTERVAL ONSET AND DEATH
		PART I DEATH WAS	CAUSED BY: IMEDIATE CAUSE (o	(VW	wh	om	Mh	your		Dar	Mo
		Conditions, if any, which rise to immediate couse	DUE TO	O, OR AS A CONSEQUENCE OF	w	i B	24/1	mp	_	1	h
		stating the underlying collast.	DUE TO	O, OR AS A CONSEQUENCE OF				<i>V</i>			
*	N	PART 2 OTHER SIGNIFICAN	IT CONDITIONS COI	NTRIBUTING TO DEATH BUT N	IOT RELATED	TO THE TERMINA	L DISEASE OR	CONDITION GIVEN	I IN PART 1(o)		
x'	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATION WAS PE		200 AUTO	NO [CAUSES	OF DEATH?	GS CONSIDERED IN C	CERTIFYING
	MEDICAL CES	216 ACCIDENT WAS UNDER ☐ OR CONTRIBUTING ☐ CAUSE (If either, notify medical or	OF DEATH HOUR			HOW INJURY OC	CURRED (Ente	r noture of injur	y in Port 1 or Port	2, Item 18.)	
		21d INJURY OCCURRED While Not while at work	21e. PLACE OF IN	OFFICE BUILDING, ETC		111	et or R.F.D. No	City	or Town	County	Stote
Page 4 may be retained by the hospital or attending 10 FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta		22o. I certify that (1 sow the deceas causes stated o) (this haspital ed olive on / boye, (H) (we)	attended the deceos (did) (did nat) view the	ed from 19 6 1 , bady aft	and that in (m	(our) op	inion death o	ccurred on the	dote ond hour	t (I) (we) las and from the
		22b SIGNATURE	Kli	the		EGREE PHYS	NG D	AED.	STAFF PHYS.	22c, DATE SIGNED	6
				M. SCHINDLER					CUMBERL		21502
	230	BJRIAL, CREMATION, REMOVAL (Specify)	23b. DATE			OR CREMATORY			N (City or Town)	(County)	(Stote)
n			OCT. 14	68 FBG. ME		L PARK	I 25 a DEC'D	FROS! BY REGISTRAR	PBURG M	D . AR'S SIGNATURE	
R	24.	FUNERAL DIRECTOR JOSEPH R. DU	IRST, FRO	OSTBURG, MD.		532		T 1 G 1		Corla Co	edar.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13739 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle 2b. HOUR P 2a. DATE OF DEATH 24 hours after deoth (Type or print) FLORENCE FTHEL FLANAGAN 10 9:00% 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IE DINDER 24 HRS last birthday) signed by the attending physician and completely filled in by the buriol-transit permit. Then please remove corban papers. Pages DAYS HOURS WHITE **FEMALE** 10 2 04 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED W. VIRGINIA USA ALLEGANY WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR 9 SACRESS HEART HOSPITAL during mast of warking life, even if retired) INDUSTRY CUMBERLAND, MD. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 150 13d. NSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATEMARYLAND 136 COUNTY ALLEGANY CUMBERLÂND YEST NO X ROUTE 5 -BOX 359 requires that the deoth certificate be exe 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle SAMUEL LANDIS (WISE) MINNIE LANDIS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, dki/fiknown) 212 24 2159 900 SETON DRIVE. SACRED HEART HOSPITAL cremotion, or removol, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been 19a. DATE OF OPERATION 205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work be retoined couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING LGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DR. LA VALE, MARYLAND director, 23d. LOCATION (City or Town) 23b DATE 23a BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) Md. Alleg Frostburg Frostburg Memorial Park 230 Salto Ave. Cumberland LE I 1.5 25b REGISTRAR'S SIGNATURE 1968





	13730	DIVISIO	IN OF VITAL RECOF				RE, MARYLAND 21	201	
	70190			CERTIF	ICATE OF D			1374	3
- 1	1 DECEASED-NAME (Type or print)	First	Middle		Lost	20	D. DATE OF DEATH	Doy Year	2b. HOUR
-	// the or brand	ROBE		R.	FOOTE		10 2	23 Doy 68 Year	11:20
	3. SEX	4 RACE			S. DATE OF BIRT		6. AGE (In ye last birthdo	BOTS IF UNDER I YEAR W) MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	MALE		WHITE		8 28		0/	YRs.	
	70. BIRTHPLACE (Stote or for	reign 7b. CITIZE	OF WHAT COUNTRY?		D 📉 NEVER MARRI	רעבו	DUNTY OF DEATH		
	country) MARYLAND		SA	WIDOWE				ALLEGAN	
* .	IO. CITY OR TOWN OF DEATH CUMBERLAND		11. NAME OF HOSPITAL	ART HOS	f not in hospital PITAL		CUPATION (Kind of world		F BUSINESS OR
1	13o. USUAL RESIDENCE (Whe odmission) STATE MAR'	re deceosed lived, if	institution: Residence be			A, INSIDE CITY LIMITS?	13e STREET AND NUM	ABER	
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4	14. FATHER'S NAME Fire	WILLIAM		FOOTE	15. MOTHERS MAIL			liddle	Lost
	The same according to the same				luran	K		TYLE FOOTE	
	Yes, no, or MyGnown)	I U.S. ARMED FORCES (If yes give war ar dates of si	? 16b. SOCIAL SECU	5 8 7 59	. INFORMANT	JEART HA		dress	11/5
	117						SPITAL 900		I V E.
	18. CAUSE OF DEATH PART 1. DEATH W	(Enter only one cous	e per line for (o), (b) or				*	DELYTEN	ONSET AND DEATH
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	PAKI 2 OTHER SIGNIFI	CANT CONDITIONS C	DUIKIBUTING TO DEATH E	SUI NOI KELAIED	TO THE TERMINAL U	DIZEASE OKTOND	TION GIVEN IN PART 1(o)		
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X	190. DATE OF OPERATION	1 179. CONDITION	FOR WHICH OPERATION W	AS PERFORMED	YES T	NO 🗆	CAUSES OF DEATH?	IDINOS CONSIDERED IN	CENTILLING
	210. ACCIDENT WAS U	NDEBLAINE 131P	TIME OF INJURY	214			ure of injury in Port 1 or	Part 7 Itam 191	
		LUSE OF DEATH HOL	R A.M. Month Doy	Yeor	HOW HOOK! OCCU	WED TEHING HOL	ole of inforty in rost 1 of	ron 2, nem 19.)	
	OR CONTRIBUTING CO Clif either, notify medic 21d INJURY OCCURRED	ol exominer)	P.M.	19	10CATION Second	DED No	City or Town	County	Stote
	While Not while of work	J	NJURY (AT HOME, FARM, STR OFFICE BUILDING, ET				•	,	
	220. I certify tha	t (I) (this hospite	ol) oftended the de	ceased tram 19	ind that in (my)	, 19 <u>_6</u> &	to 10-23	the date and how	T (I) (we) lo:
	causes state	d abave, (I) (we) (did) (did nat) view	the bady afte	er death.	(out) opinior	deoth occurred on	The date and floor	did iioiii ii
	22b. SIGNATURE	The same						22c. DATE SIGNED	_
	UD.	ara	exp,	DI	GREE PHYS.	DIRECT	TOR STAFF PHYS.	10-25	5-68
1	22d PHYS!CIAN'S NAME (Type)	DR. WA	APNE SPIGGL	E	22e. ADDRE	912 SE	TON DRIVE -	CUMBERLAND	, MD.
	230 BURIAL, CREMATION,	23b. DATE	23c NAM	E OF CEMETERY		23	d LOCATION (City or Toy	vn) (County)	(State) Md
	Bendryt (Stalith)	1/26/			Cemeter	-	Lonaconi		MG
	24. FUNERAL DIRECTOR	. 11		DRESS	C-3	DATE OCT	GISTRAR 25b. REG	SISTRAR'S SIGNATURE	
0	George E:	chhorn	Lonacor	ling, I	ide	DATE GO!	28 1968	Echanles Q	ndar.





MAKTLAND STATE DEPARTMENT OF REALIN

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MAKYLAND STATE DEPAKTMENT OF HEALTH 13734 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13745 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First Middle 20. DATE OF DEATH & T. October (Type or print) Dorothy Mae Greene 6. AGE (In years last birthday) 3. SEX 4 RACE 5. DATE OF BIRTH HE UNDER 1 YEAR DAYS 1896 White May 25. Female YRS. 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED [country) New York U. S. A. Allegany County WIDOWED X DIVORCED [buriol, cremation, or removal, ond in any event, within 72 filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Allegany County Infirmary Cumberland 13a. USUAL RESIDENCE (Where deceased lived, of anstitution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Maryland (OUNTYAllegany Cumberland 122 Bedford Street remove 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle gug Squibbs Childs Maynard Sarah Addre umberland. Md. 17 INFORMANT P.O. Box 599. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or unknown) 215-14-6393 Allegany County Infirmary records. TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise ta immediate cause (a). DUE TO OR AS A CONSEQUENCE OF stating the underlying cause NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a, AUTOPSY? CAUSES OF DEATH? YES [NO [21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Manth Day Year f either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while 22a. I certify that (I) (this haspital) attended the deceased from JULY 30., 19.64, ta.Oct. 26., 19.68, that (I) (we) last saw the deceased alive an Oct. 26. 19.68, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the TO FUNERAL DIRECTOR: causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED DIRECTOR K PHYS. PHYS. 22e ADDRESS Memorial Hospital, Cumberland, Md. 22d. PHYSICIAN' 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City of Town) (Caunty) (State) BURIAL, CREMATION DATE



V. 1		MAKTLAND STATE DEPARTMENT OF HEALTH 1 2726 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		13736 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13747
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Do OF ESTI- DEATH MATED DCT. 3R.	1968 7 458 M
delev mea	3 \$		2d HOUR
s 1, 2, m P	7o.	BIRTHPLACE (Stote or foreign U.S. 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Allegany	Md.
after death B. Give Drag along hh with the Stat	C	Sumberland give street od satred Heart Hospital during Jan 1 tomng life, even if retired.)	KIND OF BLSINESS OR
s after d 18. Give e along 2 with the death.	13a a	USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c CFTY OR TOWN 13d INSIDE CFY LMISS 13c STREET AND NUMBER admission) STATE Md. 13b COUNTAILegany Westernport YES ▼ NO □ 115 Spruce	
24 hours a' in Item 18. r's Office ab	14 F	FATHER'S NAME First Middle tost 1S. MOTHER'S MAIDEN NAME First Middle Kook	cen
s within 24 pencil in Examiner's Examiner's File poges		(Yes, na, ar unlower) W.W. 1 or dates of service) 216-05-6195 Thomas Grove, Westernport, Md.	
executed v ending" in Medical Ex t permit. Fi		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). Pulmonary Embolism, massive	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH Sudden
Th's certificate should be executed within 24 hours after ficate, writing the word 'pending" in pencil in Item 18. Give be forwarded to the Chief Medical Examiner's Office along de be used as a burial-transit permit. File pages land 2 with the or removal, and in any event within 72 hours ofter death.		Conditions, if ony, which gave rise to immed at e cause (a), stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	Months
te shouthe world to the a buria		Arteriosclerosis	
s certificate e, writing th forwarded t t used as a l emovol, and	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES XX NO
The History of r	MEDICAL CERTI	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21b TIME OF NJURY Month, Day, Year HOUR A.M. P.M. 19	
XAMIN te the ge 4 sh your fil oge 3 soge	ME	21d. IN.JRY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF IN.JRY (At home, form, street, factory, office building, etc.) 21f LOCATION Street or R.F.D. Na City or Town	County State
AL Executive Portion for Torus (1982)		22a certify that I taok charge of the remains described above, held an Autopsy X. Inspection X., Inquiry X., death resulted from: Natural causes X., Accident, Suicide, Hamicide, Undetermined manner	ond in my opinion
pleor pleor to ior to		ACTUAL SIGNATURE Genedict Skitarelic MD ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE CONTROL OF THE SIGNATURE CONTROL O	
DEPU Kessor E fune moy b FUNER		NAME (Type) Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or county) Cumberland	
01 an 12 35 34		Burial 11/2/68 Potomac Valley Mem. Gardens Keyser, minera	
VR A15ME [5] 10M REV 1768	24.	ADDRESS SIGN BY REGISTRAR 250. REGISTRAR SIGN Westernport, Md. DATE NOV 4 1968 Class	





	13738 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21:	13749
death.	1. DECEASED-NAME (Type or print) BLANCHE Middle HAST 2a. DATE OF DEATH	1°9 68 2:15Pm
	3. SEX FEMALE 4 RACE 5. DATE OF BIRTH 10st bigston 10st b	OFS IE UNDER 1 YEAR IF UNDER 24 HRS. WONTHS QAYS HOURS MIN.
	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY PENNSYLVANIA U.S.A. WIDOWED DIVORCED ALLEGANY	Md.
	10 CITY OR TOWN OF DEATH CUMBERLAND 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12 USUAL OCCUPAT ON (Kind of work during grost of working life, even if re 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STORET AND NUM	tired.) 12b. KIND OF BUSINESS OR INDUSTRY
Durial, Crematian, ar remayal, and in any event, within 72	admission) STATARYLAND 136 ALLEGANY CUMBERLAND'ES 10 NO 23 WA	SHINGTON ST.
	JOHN BAER ANNIE	LORD I TCH
מאמו, עו	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no opportunity of the source of the	UMBERLAND, MD.
,	18. CAUSE OF DEATH (Enter only one couse per line for (b) (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave is to immediate cause (a), stating the underlying couse last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)	BETWEEN ONSET AND GEATH 1 C 1 2 C
	PART 2 OTHER SIGNAF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNAF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FIN	IDINGS CONSIDERED IN CERTIFYING
with the state bept. at requir prior to	CAUSES OF DEATH?	
	Greation Street or R.F.D. No. Gity or Town	County State
	While Not while at work of work 122a. I certify that (1) (this haspital) attended the deceased from 19 , 19 45, ta 17 , ta saw the deceased alive an 19 , and that in (my) (aur) apinion death accurred an causes staffed abave, (1) (we) (did) (did nat) view the bady after death.	19 65, that (I) (we) last the date and hour and from the
1	226 SIGNATURE MICLOURE MD DEGREE ATTENDING MED. STAFF DIRECTOR PHYS DEGREE PHYS DIRECTOR PHYS DEGREE PHYS	22c DATE SIGNED /C 8
	230 BURIAL (REMATION, 236 DATE, 10/22/68 230 NAME DE CEMETERY OR CREMATORY Cem., Cumberland	(County) (State)
R	24 FINERADOIRECTOR Stein Inc. Cumb. Md. DATE OCT 22 1968	Acliantes Judge





		IMORE, MARYLAND 21201	13751
First Middle MYRTLE M.	Lost HOSE	2a DATE OF DEATH Manth Day	Year 2b. HOUR P
4. RACE WHITE	S. DATE OF BIRTH 4-26-19	6. AGE (In years lost birthday)	SFUNCER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7b. CITIZEN OF WHAT COUNTRY? USA		9. COUNTY OF DEATH	LEGANY Md
	ITUTION (If not in hospital 12e USU. RT HOSPITAL during m		12b KIND OF BUSINESS OR INDUSTRY Home
ND 13b COUNTY ALLEGANY	1		
HANSON SLIDER	IS MOTHER'S MAIDEN NAME F	MYRTLE TWIGG	SLIDER
ARMED FORCES? give war or dates of service) 16b. SOCIAL SECURITY NO		Address HOSPITAL 900 SE	TON DRIVE
AUSED BY, AFDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) ONE (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT		CONDITION GIVEN IN PART I(a)	3 dry
	YES NO	CAUSES OF DEATH?	
FDEATH HOUR A.M. Manth Day Year P.M. 19			
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d olive on 1	eand that in (my) (aur) op		ie ond noor dad nom me
Muiller	DEGREE PHYS. 22e. ADDRESS	AED. STAFF 22c. D	ATE SIGNED
B. SCHINDLER 236. NAME OF CO	DEGREE PHYS. 22e. ADDRESS	22c. D	MARYLAND 2150 (Caunty) (State)
R F K	First Middle MYRTLE M. 4. RACE WHITE 7b. CITIZEN OF WHAT COUNTRY? USA 11 NAME OF HOSPITAL OR INST RLAND 12 NAME OF HOSPITAL OR INST RLAND 13b. COUNTY ALLEGANY Middle HANSON SLIDER ARMED FORCES? GIVEN WOOD OF dotes of services) PARMED FORCES? GIVEN WOOD OF dotes of services) PUE TO, OR AS A CONSEQUENCE OF COUNTRY OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19b. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19b. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19b. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19b. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19c. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19d. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19d. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19d. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19d. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19d. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19d. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19d. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19d. CONDITION FOR WHICH OPERATION WAS PERITABLE OF COMPANY 19d. CONDITION FOR WHI	TIND THE PROPERTY OF CONTRIBUTION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH CERTIFICATE OF DEATH	ARACE MYRTLE M. HOSE 10 16 16 16 16 16 16 16

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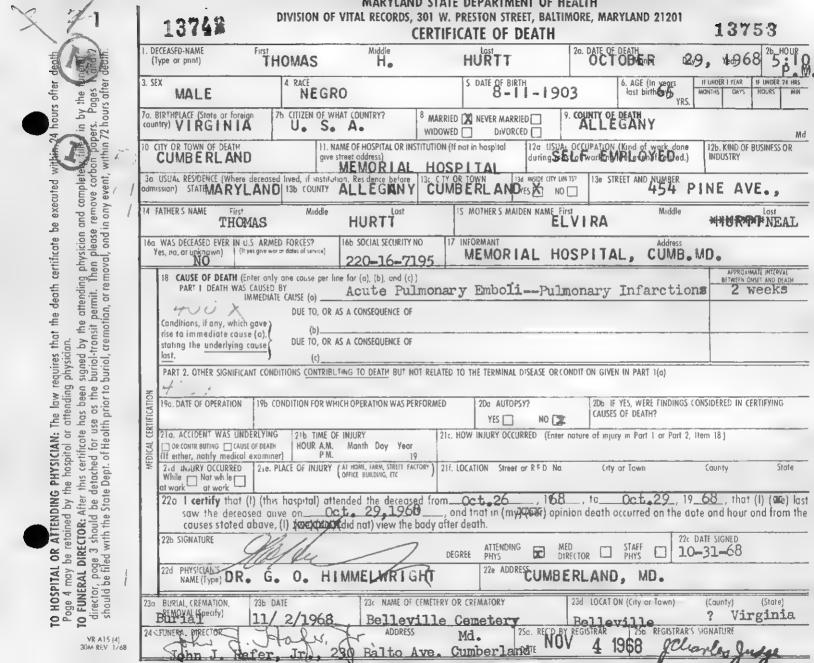
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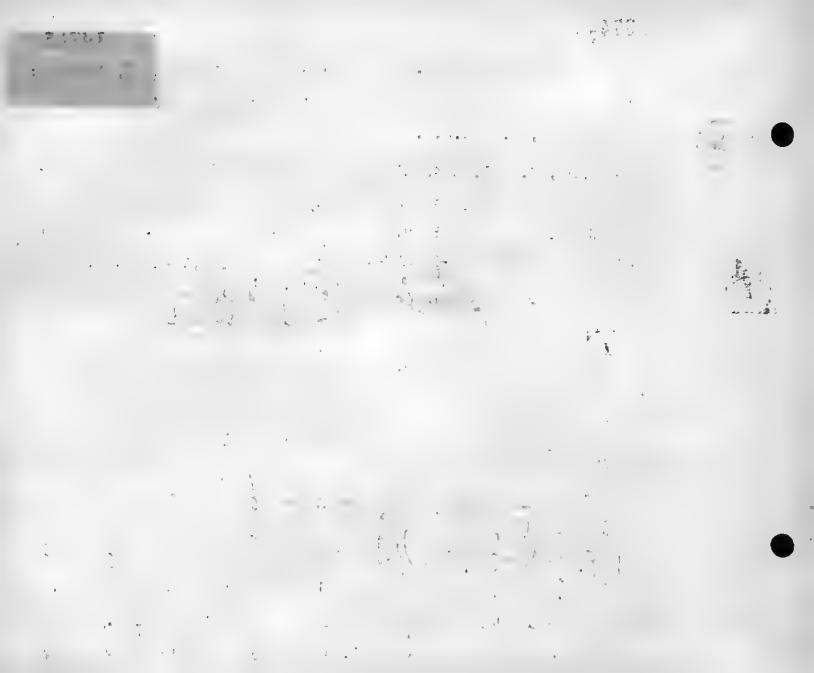




MARYLAND STATE DEPARTMENT OF HEALTH



- 0.	¥				STATE DEPARTMENT				
		13744	DIVISION OF		301 W. PRESTON STREET,		LAND 21201	and office trades are a	
	L				ERTIFICATE OF DEA			1375	5
ages 1 and 2 rs after death.		CEASED NAME ype or print)	CLIFTON	Middle D •	JEFFRIES	20. DATE OF D	DEER 7"	1 9 8 8	20. HOUR /
	3 58	X	4. RACE		S DATE OF BIRTH		AGE (In years	I GINDLE CLINE	FUNDER 24 HRS.
		MALE	WH L1		OCTOBER	14,1890	last bythdoy) VRS.	MONTHS DATE IN	EURZ MIN.
	7o l cour	IRTHPLACE (Store or fore	URG, MD.	U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DI		EATH LEGANY		Md
ja.		TY OR TOWN OF DEATH CUMBERLAN	D.MD. ME	ORIAL HO		USUAL OCCUPATION (I		126 KIND OF BU	SINESS OR RY
1	13a. admi	usual residence (Where stars) STATE	deceased lived, if institution 13b. COUNTY		ROSTRURG. 136 INS		ET AND NUMBER BEALL S	TREET	
1	14.	ATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN I		Middle		Lost
			RED	JEFFRI	ES M	ARY	J.	DA	VIS
	160. Y	WAS DECEASED EVER IN L	U.S. ARMED FORCES? (yes give war ar dates of service)	166, SOCIAL SECURITY N 214-32-291		HOSPITAL,	Address CUMBERLA	ND, MA	RYLAN
		18. CAUSE OF DEATH (E	Enter only one couse per lig	for (o) (b), and (0))	20 Veralie	Cardia	_	APPROXIMAT BETWEEN ONSE	
		1	IMMEDIATE CAUSE (a)	vuvuc	40000	Caraco	410	-	
		Canditions, if any, which		S. A CONSEQUENCE OF	Maccal	ou enve	ase.	8	
		rise to immediate caus	se (o), ((b)	S A CONSEQUENCE OF					
		stating the underlying lost.	(c)	S A CONSEQUENCE OF					
		PART 2. OTHER SIGNIFIC		TING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE ORCONDITION GIVEN	N PART 1(a)		
	_	;		-					
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	CH OPERATION WAS PER	FORMED 20a. AUTOPSY?		ES, WERE FINDINGS CO	NSIDERED IN CERT	TIFYING
V	I				YES 🗌	NO CAUSES C	F DEATH?		
1		21g ACCIDENT WAS UN			21c. HOW INJURY OCCURRED	(Enter nature of injury	in Part 1 ar Part 2, I	tem 18.)	
	MEDICAL	OR CONTRIBUTING CAUS	l examiner) P.M.	Month Day Year 19					
	W	21d. INJURY OCCURRED While Not white	21e. PLACE OF INJURY	AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC	ORY.) 21f. LOCATION Street or R.	F.D. No. City a	Town	Caunty	State
		OLMOLK OLMOLK		4			0-7	7	
		22a. I certify that saw the decec	(I) (thus-hospital) attended	enced the decease	on that in (my) (or	, 19 00 _, ta	rurred on the dat	ond hour on) (we) las
		couses stated	above (N (we) dd)	(did not) view the b	ody after death.	/ opinion deoni oc	corred on the do	ır onu noorun	d it dill tak
		22b. SIGNATURE	ma. J	Man 1		MED.	STAFF 22c. D	ATE SIGNED	10
	L	704	AND DE	1001	DEGREE PHYS.	MED. DIRECTOR	PHÝS.	0	00
1	ı	22d. PHYTICIAN S DE	•	LLIAMP	22e. ADDRESS 122. S.	CENTRE ST.	. CUMBERL	AND. MD.	
	225	BURIAL, CREMATION,	23b. DATE	22, NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			(Stote)
	230. E	PEMOVAL (Specify) URILAT	OCT. 9 168		ORIAL PARK		STBURG. M		(21019)
		FUNERAL DIRECTOR	7 00	ADDRESS		REC'D BY REGISTRAR	2Sb. REGISTRAR'S		
		JOSEPH	R. DURST, F	ROSTBURG, 1	D. 21532 DATE	OCT 1 1 19	68 scho	relay Que	let.
107.5%	The same								



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13756 13745 CERTIFICATE OF DEATH DECEASED-NAME First Middle Inst 2g DATE OF DEATH 2b. HOUR executed within 24 haurs after death (Type or print) Month FRANK 8 C. JEFFRIES OCT. S DATE OF BIRTH 3 SFX 4. RACE 6 AGE (In years F JNDER 1 YEAR IF UNDER 24 HRS last birthday) MORTHS I HOURS MAIE WHITE DEC. 4, 1884 in by 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED EQUITITY) U.S.A. DIVORCED [ALLEGANY WIDOWED IX 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY give street oddress) during most of working life, even if retired.) FROSTBURG MINERS HOSPITAL OWN BUSINESS IRED PLUMBING 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN # 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATEMARYLAND 13b. COUNTY AT TEGANY FROSTBUKG 50 BEALL STREET YES X NO and in any Middle 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First ALFRED JE PERHIPS MARY JANE DAYIS requires that the death certificate be please 16b. SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 216-46-0452 DR. WALTER JEFFRIES. FROSTBURG. APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19c. DATE OF OPERATION CAUSES OF DEATH? YES 🔲 NO 🕰 O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 245 TIME OF INJURY 2ic. HOW INJURY OCCURRED (Enter nature of miury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH, HOUR A.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 10-6, 1968, to 10-6, 1968, that (I) (we) last 1964, and that in (my) (aur) apinian death accurred on the date and hour and fram the saw the deceased glive an.... causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. 10-10-68 DEGREE 22e. ADDRESS 22d. PHYSICIAN S directar, pa should be f MARTIN ROTHSTEIN, M. D. NAME (Type) 48 BROADWAY, FROSTBURG, MD. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL CREMATION. PEMOVAL (Specify) 1968 FBG, MEMORIAL PARK FROSTBURG, MD 2So. REC'D BY REGISTRAR 25b. REG STRAR S SIGNATURE 24. FUNERAL DIRECTOR JOM REV. THE 1968 JOSEPH R. DURST, FROSTBURG, MD. 21532

MAKTLAND SIAIE DEPAKIMENI OF HEALIH



		-		301 W. PRESTON STREET, BALTII		
		13746	· ·	CERTIFICATE OF DEATH	MORE, MARTEAND 21201	13757
and 2 Jeath.		CEASED NAME First (Pe or print) Georg	Middle P.	Karoulis	October 5,	1968 A.M.M
s after o	3. SE	Male Male	4. RACE White	S. DATE OF BIRTH 3/15/1897	6. AGE (In years	IF UNDER YEAR IE UNDER 24 HRS. MONTHS GAYS HOURS MIN
72 haurs	7o B coun	IRTHPLACE (State or foreign fry) Turkey	76. CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	Allegany Count	ty Md.
7 () /)		ty or town of death Cumberland	11. NAME OF HOSPITAL OR IN	y Infirmary etii	OCCUPATION (Kind of work done st of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
ev /	13a. admi	USUAL RESIDENCE (Where deceose ssion) STATMaryland	d lived, if institution, Residence befare 1 13b COUNTY Allegany	13c. CITY OR TOWN 13d INSIDE CITY LIM Cumberland E5 K NO	Southern Ho	
Lihany	14. F	ATHER'S NAME First Poto	Middle Lost Karou]	1s Mother's Maiden NAME Fit	SST	Tost
val, and		WAS DECEASED EVER IN U.S. ARMI		NO 7 INFORMANT P.O. BOZ	nty Home reco	rds.
bural, cremation, ar removal, and in		PART I DEATH WAS CAUSED	The course per line for (a), (b), and (c) BY IE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	any Declas	ion	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH TO SET AND GEATH
n prior ta burra	CERTIFICATION	43.	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE FERMINAL DISEASE OR CO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Manth Day Year	21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, I	tem 18)
e Dept.		While Not while at work		CTORY, 21F. LOCATION Street or R.F.D No	City or Town	County State
aula be a		causes stoted above,	s hospitol) ottended the deceas ve on Oct. 5 (1) (we) (did) (did nat) view the	ed from June 11., 195 19 68 , and that in (my) (our) apir bady after death.		
should be filled with the State Dept. of Health prior to		22b. STENATURE 22d. PHYSICIAN'S NAME (Type)	1 Amor	DEGREE PHYS. LAL DI	ED STAFF PHYS PHYS PHYS PHYS PHYS PHYS PHYS PHYS	of 4/68 perland, Md.
shou d		BUR AL CREMATION, 235 D. REMBAL (Specify) Oc	ATE 7, 1968 230 NAME OF PLEAS	CEMETERY OR CREMATORY, ANT GROVE CEMETERY	23d LOCATION (City or Town)	(County) (State) Md
15 (N) Q	24	FUNERAL DIRECTOR.	- 404 Decepture ST		CT 9 968 gc	Garley Judge



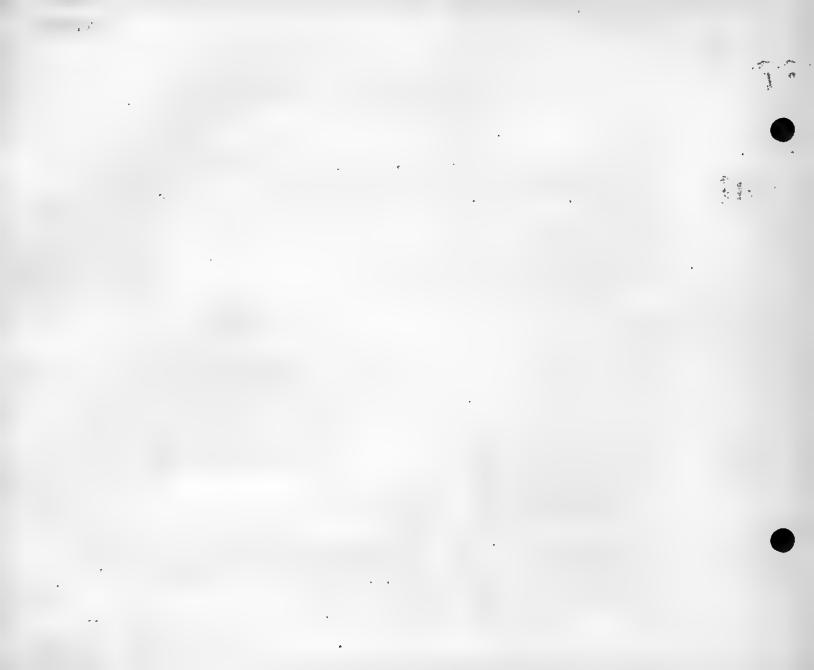
MAKTLAND STATE DEPARTMENT OF HEALTH



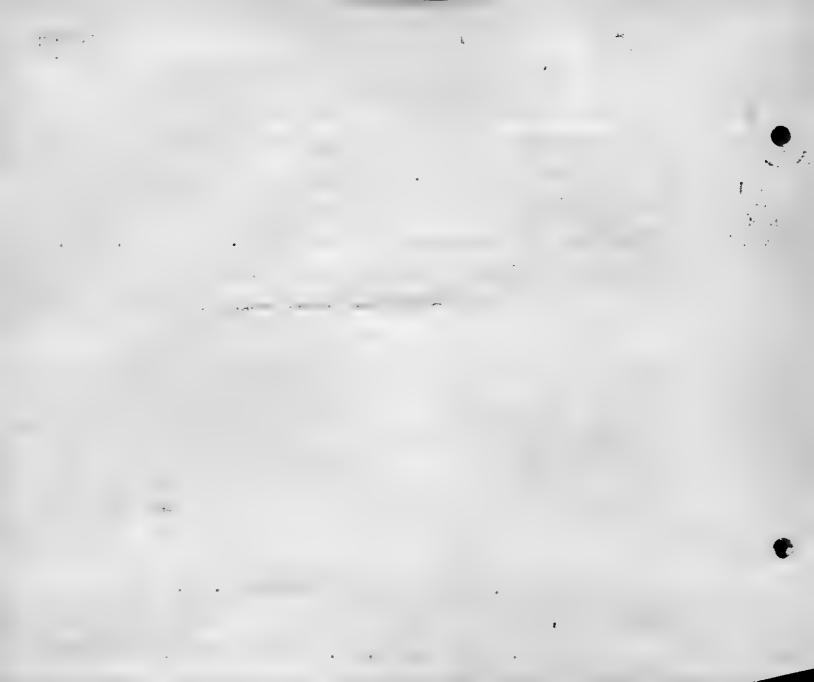


MAKYLAND STATE DEPARTMENT OF HEALTH 13749 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13760 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH at 1. DECEASED-NAME First be executed within 24 haurs after death. October Do (Type or print) Moble Keckley Oscar 1968 3 SEX 4 RACE S. DATE OF BIRTH IF JNDER YEAR IF LINDER 24 HPS 6 AGE (In vegrs 179 Male White DAYS 7/17/1889 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED .⊑ U. S. A. Allegany County DIVORCED | WIDOWED TY filled 10 CITY OR TOWN OF DEATH event, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY Farming Allegany County during most of working life, even if retired) Cumberland Retired: Farmer 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Md. 13b COUNTYAllegany Cumberland X 416 Magruder Street NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last Josiah Keckley Elizabeth Strosenieder Martha 166 SOCIAL SECURITY NO 17 INFORMANT P.O. Box 599, Add Cumberland, 234-58-1468 Allegany County Infirmary records. Addr Gumberland . Md. 16a. WAS DECEASED EVER IN J.S. ARMED FORCES? Yes, no, or unknown) I I fives give wer or dates of service) remavai. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (o) DUE TO, OR AS-A-CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110' has been prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? QS CAUSES OF DEATH? YES [certificate 216 TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year tached f (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town State County White Not while at work 220 | certify that (1) (this hospital) attended the deceased from 7/11/196619 sow the deceased alive on 10/23/68 19 ond that in (my) four) or to 10/2/1/68 19 , and that in (my) (our) apinion death occurred on the date and hour and from the director, page 3 shauld shauld be filed with the TO FUNERAL DIRECTOR: squses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR 10-24-68 22e ADDRESS Memorial Hospital, Cumberland, Md. 22d. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION (Stote) REMOVA (Specify) Hampshire, W.Va. 10-27-68 Romney, Ebenezer Cemeterv 25b REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR RECD BY REGISTRAR VR A15 (4) 30M REV 1/68





1		B	MARYLAND STATE DE	PARTMENT OF HEALTH	
		DIVISION OF STATIST	ICAL RESEARCH AND RECORDS CERTIFICAT		TIMORE 1, MARYLAND
iffer luid		PLACE OF DEATH			d lived, If institutions Residence before admission
Irs a se fun		Allegany Cou	inty MARYLAND	e. STATE	Allegany
ed ta		b. CITY OR TOWN (if autside carpor write RURAL and give nearest to	rate limits, c. LENGTH OF STAY IN 16		limits, write RURAL end give neerest town)
din 2		Westernport	UTION (if not in hospital, give street address)	Westernport d. STREET ADDRESS	Is periodical
		111 Howard S			o. IS RESIDENCE ON A FARM YES \(\text{NO} \) NO \(\text{T} \)
etely pers. 2 ho)	NAME OF DECEASED	first Middle	111 Howard Str	Month Day Yeer
ompl	OI	(Type or print) Clar		Laughlin DEATHOC	tober 9, 1968
be ed arbor wiit	4	emale 6. color of	R RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BRIH 9. AG	b'rhdey)
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Signature of the second		Housewife	Own-Home	Corsica, Pa.	U. S. A.
ase in a		. FATHER'S NAME	TO THE RESIDENCE OF THE PARTY O	Corsica, Pa.	
andir			MCMILLEN MED FORCES? 16. SOCIAL SECURITY NO. 17.	Agnes Aaron	Address
e att The oval		es, no, or unkown) (liyesgivewerord		iss Agnes Laughlin	Westernnort Md
s the ian.			only one cause per line for (a), (b), and (c).)	. 1 1	INTERVAL BETWEEN ONSET AND DEATH
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tal care as the b	,	3.	hromie Myocardi	1	PERFORMED?
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PH the this d for		OR CONTRIBUTING [] CAUSE OF I	AMINER NONE		
ING d by Affer ache f Hez		20c. TIME OF INJURY Month, I Hour e.m.	14 11116 - 1401 44 11119	LACE OF INJURY (Home, ferm, 20f. (City or to actory, street, office bldg., etc.)	(Siets) (Siets)
R: /		p.m.	19 st work at work	1)00 15 10/2.0	est a solo a con a si
E P P P P P P P P P P P P P P P P P P P		saw the deceased alive on	hospital), attended the deceased from 05.10 1968, and the		Causes and on the date stated above
Shou		22a. SIGNATURE	000010		72b, DATE
TI PE		22c. PHYSICIAN'S	XXIVWOOV.		145. 1 oct. 11, 1968
Page FER Page , page		NAME (Type)	Paul R. Wilson	Piedmont, W. N	Va.
HOSPIT ath. Pag FUNER ector, pag filed wi	1	e. BURIAL, CREMATION, 23b. DA	ATE THEREOF 23c, NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION	N (City, town or county) (State)
C g C g g		Burial Oct.	12,1968 St. Peter!	s CatholicCem. We	sternport, Md.
YR A15 (4) 15M 9/60	OP	FUNERAL DIRECTOR'S SIGNATURE	Jr. Piedmont, W	OCT 1 4 108	256, REGISTRAN'S SIGNATURE
•	(A)	e He Fredrocks	AT . LTECHNOTIC M	V G	



	1	1	Items 2, 5, 22 H		D STATE DEPARTMENT OF		
	×/		13750	Item	CERTIFICATE OF DEATH	DO KK	13763
	€ 6	Ī.	DECEASED-NAME First (Type or print)	Middle	Last	2a. DATE OF DEATH Month Agy	2b HOUR
	8 (3/8)		Baby		Lease	8/t/M. Oct. 29	1968 3:30PM
		3.	SEX	4 RACE	5 DATE OF BIRTH	7,110	IF UNDER YEAR OF JINDER 24 HRS
	rs a Page	-	Female	White	bet\$/29/196	- YRS.	3 30
4	hou har had	7	ountry)	D. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
•	24 ed 1 apel n 72	- -	CITY OR TOWN OF DEATH	USA. 11. NAME OF HOSPITAL OR INS	WIDOWED DIVORCED	Allegany	Md.
	ed within 24 hours of placely filled in by the carbon papers. Page	1	Frostburg	give street oddress) Ho	apital duning m	AL OCCUPATION (Kind of work done last of watten life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	anted muster of the contract o	di di	o USUAL RESIDENCE (Where deceosed drussion) STATE	lived, if institution. Residence before 13b COUNTY Allegany	13c CITY OR TOWN 13d. IMSIDE CITY Lonaconing YES N		t.
}	any any	1	4. FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME		Lost
	n an and din din	Ĺ	Harry	Lease	Shi	rley	Michaels
	arte iicia jeas	_ [60. WAS DECEASED EVER IN U.S. ARMED	or dates of service)		Address	7.5
	phy:	L	No	None	Harry Leas	se Lonaconing	
	requires that the death certificate be executed within 24 hours after death g physician. In signed by the attending physician and (campletely filled in by the forugal e burial-transit permit. Then please remote carbon papers. Pager 1 caburial, crematian, ar remaval, and in any event, within 72 hours all, as the		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED E	one cause per line far (a), (b) and (c)	aturity	(Father)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	e de atte an, c		į interiore.	DUE TO, OR AS A CONSEQUENCE OF	6 mon	70.	
	th the sit g	-1	Conditions, if any, which gove) rise to immediate cause (a),((b)	6 hou	no preg-	6 mos.
	es tha iician. ed by al-tran		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
	requir ng phys n sign e burie		77/	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	he taw intendir ias bee e as th		190 DATE OF OPERATION 196 CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY?	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	T - 4 at second		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		er nature of injury in Part 1 or Part 2, Its	om 18.)
	Cray it all find the first of t		G CAUSE OF DEATH	HOUR A.M. Month Day Year P.M. (5			,
	Page 4 may be retained by the haspital or attending physician. For FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confirector, page 3 should be detached for use as the burial-transit permit. Then please remoshauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any		21d INJURY OCCURRED 21e. PL While Not white	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING ETC.	TORY.) 21f LOCATION Street or R.F.D. No		Caunty State
	NG the territe of the decision		22a. I certify that (I) (this	haspital) attended the decease	ed from (20/ 3/02919_	68, to Oct 302919_	68, that (I) (we) last
	TEND lined EDR: Af ould bould both the S	1	saw the deceased aliv causes stated abave,	e an 7629 1 (I) (we) (did) (did nat) view the	ed from 3/42919_ 9 6 £, and that in (my) (out) op bady after death.	inian death accurred on the date	and hour and from the
	OR AT OR AT INECT OR 3 sh		22b SIGNATURE	B. Davis	ATTENDING TO	22c. D/	ATE SIGNED /6 8-
	PITAL may be rile be file	1	22d. PHYSICIAN'S NAME (Type) John	B. Davis	22e. ADDRESS Fro	stburg, Md. 215	
	O HOSE Page 4 O FUNE director shauld	2		TE Oct. 29 23c. NAME OF	CEMETERY OR CREMATORY Hill Cemetery	23d. LOCATION (City or Town)	(Caunty) (State)
			4. FUNERAL DIRECTOR	ADDRESS		Lonaconing BY REGISTRAR 2Sb. REGISTRAR'S	GNATURE
	30M REV Y/OR		George Eichh				la Judge
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1		20.00		CERTIFICATE OF DEATH	involty marriants 21201	13764
er death. funeral i 1 and 2 ter death.		CEASED-NAME First ype or print) RUEBEN		Lost LEWIS	20 DATE OF DEATH 10 Month 3	2b. ALBUR
haurs after death. by the funeral Pages I and 2 haurs after death.	3 \$1	MALE	4. RACE WHITE	s. date of Birth 4/5/99	6 AGE (In years	F JNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
thaurs	7o, cour	BIRTHPLACE (State or fore.gn http) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? UNITED STATES	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH ALLEGANY CO	a a shirt
ithin 24 huy filled in pagets	10. (ITY OR TOWN OF DEATH CUMBERLAND, MD	11 NAME OF HOSPITAL OR IN	STITUTION (If not in haspital ART HOSPITAL during C	AL OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR
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and co	14.	ATHER'S NAME First SAMUEL	Middle Lost THOMAS LEWIS	IS MOTHER'S MAIDEN NAME	First Middle	Lost BARNARD
physician en	160.	WAS DECEASED EVER IN U.S. ARI	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY 214-01-66	NO. 17. INFORMANT	Address HOSPITAL CHART	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, crer	CERTIFICATION	443X	(c) NDITIONS CONTRIBUTING TO DEATH BUT N CONDITION FOR WHICH OPERATION WAS PE	OT RELATED TO THE TERMINAL DISEASE OR RFORMED 200. AUTOPSY? YES \ NO \	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
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TENDING ined by OR: After ould be to the State		22a. I certify that (I) (the saw the deceased of causes stated above	nis haspital) attended the deceas plive on	ed fram, 19_ 9, and that in (my) (aur) ap bady after death.	inian death accurred an the d	?, that (I) (we) last ate and haur and from the
L OR AI be reto DIRECTO		225-STGWATURE MOZE	Hew L Kent	DEGREE PHYS.	MED. STAFF 220 DIRECTOR PHYS. C / C	DATE SIGNED 68
10 HOSPITAL Page 4 may 0 FUNERAL director, pag shauld be fil			MATTHEW L. KAUFFMA		DRIVE CUMBERLA	
TO HC Page 10 FU direct share		DESCRIPTION OF STATE		CEMETERY OR CREMATORY T CEMETERY	23d LOCATION (City or Town) ECKHART, MD BY REGISTRAR 2Sb. REGISTRAR	(County) (State)
OM REV	24.	JOSEPH R. DU	RST, FROSTBURG, MD			orles Judge

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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13768
HEALTH DEPT.	1 D		Doy Yeor 25AMQUR
2 is a see		Region Male Medical Death Mated UCL.	7, 1968 11:115
2, and 3 ta PM3. Page	3, 5	Inst highdov) ADNIHS DAYS HOURS MIN As at 15	Year 19 68 11: 145
70,8	70	Female White Jan. 14, 1917 51 YRS BIRTHPLACE (Stote or fore gn 7b C TIZEN OF WHAT COUNTRY? 8 MARRIED 9 COUNTY OF DEATH	19 00 11: 115
- F - G		Maryland U.S.A. WIDOWED DIVORCED Allegany	Md
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ted and Example in the Figure 1. The second in the second		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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is cert ficate te, writing the farwarded to be used as a kremaval, and	CERTIFICATION	WAS PERFORMED?	YES NO X
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INER: T be certificated should be files. 3 should	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	累	21d INJURY OCCURRED 21e PLACE OF IN.JRY (At home, form, street, while most while foctory, office building, etc.) 21f LOCATION Street or R.F.D. No City or Town	County Stote
DEPUTY DICAL EXAMINER: scessary, please execute the cert of Juneal director. Page 4 shault may be retained for your files. FUNERAL DIRECTOR: Page 3 should be prior to burial, cremation		AT WORK AT WORK	
ICAL E) Execution: Page ed for) CTOR: P		22a certify that I took charge of the remains described obave, held an Autopsy, Inspection X, Inquiry X	
lease directo intermedia pirecto pirec		death resulted from Natural couses [X], Accident [], Suicide [], Hamicide [], Undetermined manner [
y, ple eral di se retr tal Di priar		SIGNATURE Designature Designat	7 1968 IGNED
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VR A15ME (5)		H. Wayne George Cumberland, Maryland DATE OCT 14 1900 &	D.
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E / E / E	70 cou	BIRTHPLACE (State or foreigntry) MARYLAND	n 7b. CITI	ZEN OF WHAT (OUNTRY?	8. MARRIED WIDOWED	NEVER MARR	RIED [9.	COUNTY OF	DEATH GAN Y		Md
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equires tha physician. signed by burial-tran burial, crer		stating the underlying a	ouse) DUI	(c)	CONSEQUENCE OF							
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by the haspital or atter by the haspital or atter fifer this certificate has be detached far use a State Dept. of Health pr	MED	21d INJURY OCCURRED While Not while of work at work	21e. PLACE O	F INJURY (AT H	OME, FARM, STREET, FAI CE BUILDING, ETC.	TORY) 21f 10	OCATION Street	or R.F.D. No.	City	or Town	County	Stote
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deal Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attend directar, page 3 shauld be detached far use as the burial-transit permit shauld be filed with the State Dept. of Health prior to burial, crematian, an		220. I certify that (l) (this hosp ed alive on	itol) ottendo	ed the decease	ed from 9 £, on	d that is (my	, 19 <u>.6</u> 2 () (our) opinio	on death o	occurred on the d	thot ote ond hour o	(I) (we) los and from the
ATTE CTOR Should ith the		22b SIGNATURE / , ,	bove, (I) (v	/e) (did) (did /	not) view the	body offer				22c.	DATE SIGNED	
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VR A15 44 30M REV. 1/68	24.	FUNERAL DIRECTOR	al	WESTE	RNPORMEN	íd.		DATE OC		1968 REGISTRARY	signature for the	edge.

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1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	-a. On hou has all
		13760 CERTIFICATE OF DEATH	13771
the contraction of the		DECEASED NAME First Middle Lost 2a. DATE OF DEATH Type or print)	Yeor 2b. HOUR
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ecuted with completely ove corbor y event, w.	odm:	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN And INSIDERLY LIMITED AS STREET AND NUMBER nissian) STATE 13b. COUNTY 12b.	Jud Chack
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by The director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the difference of		7. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Magdwn (If yes give war or doles al service) 213 - 18 - 2188 213 - 18 - 2188	Querto lo e)
rent Ther Ther		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
te deoth cer aftending p permit. The		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rense facture	1/2 months
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NG I y the er the ate (dr work dr work	68, that (I) (we) lost
ATTENDING etoined by th CTOR: After t should be de		sow the decessed of the on 10/30 1968, and that in (my) (our) opinion death occurred on the do courses stated above (H) (we) (did) (aid not) view the body after death	
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TAL O nay be AL DII page pe friec		22d PHYSICIAN S 22e, ADDRESS	131/00
SPI 4 r VER tor,	_		na Ma.
TO HOSPITAL Poge 4 may TO FUNERAL director, pag should be fire		Burial (REMATION 230 DATE NOV.2,1968 23c NAME OF CEMETERY OR (REMATORY Hillcrest Burial Park Cumberland.All	(County) (State)
VR A15 (1)	24.	James F. Scarpelli, Cumberland, Md. 250 RECD BY REGISTRAR 25b. REGISTRARS 25b. REGISTRARS 25c. REGISTRARS 25c	SIGNATURE





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The law requires that the death certificate attending physician. has been signed by the attending physicial se as the burial-transit permit. Then pleas the purial, crematian, or removal, and		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIA)	y ane cause per line far (a), (b), and (c) BY: TE CAUSE (a)	Thrance		BETWEEN ONSE AND DEATH
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** = = = =	2	at work of work		IDRY,) 21f LOCATION Street ar R.F.D. Na	City or Town	County State
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OR AT be retail SIRECTO e 3 sho ed with		22b SIGNATURE	uf. Sun	ATTENDING M	ED. STAFF 22c. DA	TE SIGNED 68
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TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fi		DUDIAU	r 6, 1968 GREENE	CEMETERY OR CREMATORY TIGHT MEMORIAL PARK		(Caunty) (State) YETTE PA
VR A15 (4) 30M REV, 1768	24 H	FUNERAL DIRECTOR LEE SILCOX 40	4 DECATUR ST. CUME	BERLAND, MD 2So. REC'D B		anles Inde

AA ADVIAND CTATE DEDADTMENT DE UEAITU



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED NAME Fitst Muddia 20 DATE KNOWN X Month (Type or Print) 2, and Page Jacob Oscar Mullonax Oct. 1968 DEATH MATED IF JNOER 24 HRS 4 RACE 6 AGE (In years IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH 2c DATE PRONOUNCED DEAD Male White 19 68 1903 65 Apr. 4. YRS To BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED VINEVER MARRIED 9. COUNTY OF DEATH Allegany W. Va. U. S. A. DIVORCED [7] WIDOWED [7] 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR Memorial Hosp Blacksmith Hepr. Kailroad give street address) Cumberland 130 USUAL RES DENCE (Where deceased lived, if institut on Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. Cumberland. 506 Pino Aug. YES X NO and 2 after IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME M.ddle Lost Middle Benjamin Mullenax Sara VanMeter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECUR TY NO 17 INFORMANT ADDRESS (Yes, no, or unknown) 215-14-5615 Mrs. Lenora Mullenax, 506 Pine Ave. Cumb. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARCINOMATOSIS. GENERALIZED IMMED.ATE CAUSE (o). ue.ar DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF COLON 2 year Conditions, if only, which gove rise to immediate cause (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO X 210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Port 1 or Port 2, item 18) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. NURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F.D. No. City or Town Stote (ounty factory, office building, etc.) AT WORK AT WORK 22a. I certify that I tack charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opin an death resulted fram: Natural causes X. Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER Oct. 10, 1968 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER Rt. # 9 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 may TO FUNE Health Benedict Skitarelic. M. D. ADDRESS(Street, city, town, or county) Cumberland NAME (Type) Md. 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23g BURIAL, CREMATION 23d LOCATION (City or Town) (County) (State) 10/12/68 Cumberland. Allegany Sunset Memorial Park 24 FUNERAL DIRECTOR ADDRESS 250, RECD BY REGISTRAR 25b REG STRAR'S SIGNATURE H. Wayne George Cumberland, Maryland 1968 VR ATSME TO

MAKYLAND STATE DEPAKTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13765 13776 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2. requires that the death certificate be executed within 24 haurs after death eath October (Type or pant) Margaret Myers Ann 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. last birthday) OLYS Female White Nov. 24 1882 YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [NEVER MARRIED [country) W. Virginia U. S. A. Allegany County WIDOWED X DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR gany County during most of working life, even if retired) give street address A 7 INDUSTRY Cumberland burial-transit permit. Then please remave (rart burial, crematian, ar remaval, and in any evegt, 130 USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OF TOWN 13e. STREET AND NUMBER 13b COUNTAllegany admissian) STATE Md. YES NO Nikep 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Peter Matilda Bowman Doman 16b SOCIAL SECURITY NO Add@sumberland. Md. P.O.Box 599. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give wat at dates of service) 220-03-7971D Allegany County Infirmary records. 18 CAUSE OF DEATH (Enter only one cause per line_for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMED ATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS **CONSEQUENCE OF** stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO D 21a ACCIDENT WAS JNDERLYING 216 TIME OF INJURY 21c HOW INJURY OF JRRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d MUURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While hot while 220. I certify that (I) (this hospital) ottended the deceased fram Dec. 20, 1961, to Oct. 24, 1968, that (I) (we) lost sow the deceased olive on Oct. 23, 1968, and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated above, (i) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS 92d PHYSICIAN S 22e ADDRESS NAME (Type) Memorial Hospital Cumberland Md 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION (County) (State) Branovia and ofy) Laurel Hill Cemetery Moscow Md. 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE ADDRESS VR A15 [4] 30M REV 1/68 George Eichhorn Lonaconing, Md

MARTLAND STATE DEPARTMENT OF HEALTH



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1			13766	D	ivision (OF VITAL RECORDS	•			MARYLAND 21	201		
			20100				CERTIFICAT	TE OF DEA	ATH			127	717
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		3. SEX			4. RACE	• 6.		DATE OF BIRTH	-00-	6. AGE (In y	egrs l	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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	\mathcal{A}	odmiss	ion) CTATE	id •	13b COUNTY	Allegany	Cumber			504 Ride	NBEK	d Ave.	
		14 FA	THER S NAME FI		Middle		=1-7	OTHER'S MAIDEN			Middle	u Ave.	Lost
		1 1, 17,				Layman]			uise Cro			6031
		16a V	VAS DECEASED EVER II	N U.S ARMED	FORCES?	16b. SOCIAL SECURIT	Y NO. 17 INFO					aughte	r
		Yes	, no, or unknown)	(If yes give wer o	or dates of service)		Mrs.	. Sylvi	a Spuri	cier, Bal	timo:	re,Md.	
			B. CAUSE OF DEATH	l (Enter anly	one cause per	r line far (o), (b), and ((1.)					APPROXIM:	LATE INTERVAL ISET AND DEATH
			PART I, DEATH W	VAS CAUSED B IMMEDIATE	Y:	Epelina	I come	an of i	The an	rue.	_	3 4060	
			110000	71117122 17112		R AS CONSEQUENCE C	F	0	0				
			Conditions, if any, whise to immediate co		(b)								
			tating the underlyir		DUE TO, O	R AS A CONSEQUENCE O	F						
		l Li	ost.	,	(c)_								
			PART 2 OTHER SIGNIF	FICANT CONDI	TIONS CONTRI	BUTING TO DEATH BUT	-	E TERMINAL DISE	ASE OR CONDITION				
		NO	1: 1. 60	Meri	recker	the con	rary are	ery t	ceard	Claran	•	NUMBER IN COL	D. W. I. Parties de
	5).	CERTIFICATION	9a. DATE OF OPERATIO	N 140 CO	NDITION FOR	WHICH OPERATION WAS	PERFORMED	206 AUTOPSY?		206 IF YES, WERE FI CAUSES OF DEATH?	NUINGS COM	WRIDEKED IN CEI	KIIFTING
		ERT 2	To. ACCIDENT WAS L	INDERLYING	21h TIME	OF INJURY	21c HOW		NO 🔀	of injury in Part 1 a	r Part 2 Its	am IR)	
			OR CONTRIBUTING C	AJSE OF DEATH	HOUR A.	M. Month Day Yes)ľ	L	(Line) Ildiole	or injury in their the	7 7 111 2, 110	siii iu.j	
		181	If either, natify medi 21d INJURY OCCURRE	D 21a PL		Y / AT HOME FARM, STREET,	ACTORY.) 21f. LOCATI	ION Street or R	R.F.D. No.	City or Town		County	Stote
			While Nat white [سسسا	OFFICE BUILDING, ETC.	/		-		-	-	
				at (I) (this	haspital) c	ittended the deced	sed fram	TILY	, 196£, t	0 10-29	, 19.6	58, that	(i) (we) last
			saw the dec	eased aliv	e an	10-29	19 66, and th	iat in (my) (ai	ur) apiñian di	eath accurred an	the date	e and haur a	ind fram the
		,	2b. SIGNATURE	andve, (i) (we)(di	d) (did nat) view th	e baay arrer ded	In.			22c DA	ATE SIGNED	
		ľ	20 SIGNATURE	iant	MA	111/2/2	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF C	1	· 31-60	P
	4	2	2d. PHYSICIAN'S	Crown-C		com ca	-	22e. ADDRESS	DIRECTOR	FIII3	- 1 / 0	31 00	7/53
	16.30		ALBERT AT A	MARTI	NM.	ROTHSTE	WM.D.	48 B	ROADO	AY - FR	OSTA	ILRG -	· MP.
		23a l	BUR AL CREMATION.	23b DA		23c. NAME C	F CEMETERY OR CRE	MATORY	23d. l	OCATION (City or To	wn)	(County)	(Stote)
			(BOAT (POSTA)		31,19	68 Frost	burg Men	norial	Park F	rostburg	Md .	Allega	ny
1	0	24. Fl	James F.	Scar	pelli	, Cumberla	and. Ma.		REC D BY REGIST	RAR 2Sb REC	GIŠTRAR S SI	IGNATURE _	4.0
2	X					,		DATE	NOV	4 1968	Aclia	Way you	44L



- / 1			ID STATE DEPARTMENT OF		
Carrie	1376?		, 301 W. PRESTON STREET, BALI CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	4 0 0000
1	DECEASED-NAME Firs		lost	2o. DATE OF DEATH	2b. HOUR
	(Type or print) CHARLE	S NM I	NEVY	Month 10 Do	109 Yeor 68 2:15PM
3	MALE	4. RACE WHITE	S. DATE OF BIRTH 08-X8-13-84	6. AGE (In yeors	IF UNDER 1 YEAR
70 co	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH ALLEGANY	Md
10	CUMBERLAND	11 NAME OF HOSPITAL OR IN give s GACRED HE	ART HOSPITAL	AL OCCUPATION (Kind of work done of RED regular even in retired)	12b KIND OF 8USINESS OR MONEY FIRCATORI MIG
13 od	to USUAL RESIDENCE (Where decended in the state of the st	osed lived, if institution Residence before 13b COUNTY ALLEGANY		O SIU PRINCE S	Τ.
14	A. FATHER'S NAME First ANTHONY	Middle NEVY Lost	IS. MOTHER'S MAIDEN NAME	RINE Middle	lost
16	60. WAS DECEASED EVER IN U.S. Al Yeld or unknown) (If yes give	MED FORCES? wax or dates of service) 16b. SOCIAL SECURITY 2 16-18-1	NO 17 INFORMANT HEART F	RECORD SETON DR.	, CUMB., MD.
	Conditions, if any, which governise to immediate couse (a) stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	clerky controcki	0	13Pm 4ffne
OTICI/AT	190. DATE OF OPERATION	. CONDITION FOR WHICH OPERATION WAS P	YES NO		
Chical Co	Greather, notify medical examples	ATH HOUR A.M. Month Day Yeo	9	er noture of injury in Port ? or Port 2,	·
2	While Not while at work of work		ACTORY.) 21f. LOCATION Street or R.F.D. No		County Stote
	causes stated aba	his haspital) attended the decear alive an	sed from		
	22b. SIGNATURE	In min			DATE SIGNED 0-10-68
	22d. PHYSICIAN'S NAME (Type) DR. L.	BRINGS	22e. ADDRESS 57 GREEN	ST., CUMBERLAND	, MD, 21502
23		t. 12,1968 St. 1	cemetery or crematory lary's Cemetery	23d. LOCATION (City or Town) Cumberland M	(County) (Stote)
24	4. FUNERAL DIRECTOR SCARPELLI	ADDRES Ames F. Scarpell:	Cumberland 250. REC'D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

Y 0 1, 1 · - [- :|| - : - : TI 11 AT : 1 J. J. J. J. J. J. YL Υ . Υ CrT 1=1 1 12 .. I UST 5.01 11-4-11 / ·· T., ... 1

	1			ID STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTII	
		13768		CERTIFICATE OF DEATH	13779
death. nerol ond 2 deoth.		CEASED NAME First YPE OF Print) HESTER	Middle NM I	PAUL.	Month O Doy 05 Yeor 68 8: 45A _M
24 hours ofter death. 24 hours ofter death. 25 hours after death.		EMALE	4. RACE WHITE	S DATE OF BIRTH 08 -● 1 -94	6 AGE (I'II. YEOTS IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
nin 24 hour filled in by suppers: P		MYLAND	USA	WIDOWED DIVORCED	ALLEGANY
within 2		MBERLAND	g AGR to Desgri EAR		OFCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDESTRY
completely nove carlon			lived, if institution Residence before 13b. COUNTY ALLEGANY		□ 352 BEDFORD 31.
be exe und c e remo	14. F	ATHER'S NAME GEORGE	DAVID'S	ON 15. MOTHER'S MAIDEN NAMED	LYNNE Middle ASH Lost
rificate hysicion n pleas vol, and	16a. Y	WAS DECEASED EVER IN U.S. ARMEI es, npl of unknown) (14 yes give wor	or dates of service) 16b SOCIAL SECURITY 2 14 -07 -4		<u> </u>
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagess. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 hours after death.		18. CAUSE OF DEATH (Enter anly PART I DEATH WAS CAUSED IMMEDIATI Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause	One cause per line for (a), (b), and (c) 3Y: CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERNAL BETWEEN ORSET AND DEATH 2 weeks the lest kidney / yes
SPITAL OR ATTENDING PHYSICIAN: The low requires the may be retained by the hospital or attending physicion. IERAL DIRECTOR: After this certificate has been signed by or, page 3 should be detached for use as the burial-traid be filed with the State Dept. of Health prior to burial, cre	CERTIFICATION	PART 2 OTHER SIGNIFICANT COND 446 X as alice	(c) Guerales THOMS CONTRIBUTING TO DEATH BUT N Teg INDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
TO HOSPITAL OR ATTENDING PHYSICIAN: The low ripoge 4 may be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	DICAL CERTI	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Part 2, Item 18.)
S PHYS the hosp this cer detache e Dept.	ME	21d. INJURY OCCURRED 21e P While Not while	ACE OF INJURY (AT HOME, FARM, STREET FA	CTORY,) 21f. LOCATION Street ar R.F.D. Na.	City or Town County State
TENDING ined by 1 OR: After ould be the Stots		22a. I certify that (I) (this saw the deceased alicauses stated abave,	haspital) attended the decease ve an (1) (we) (did not) view the	ed from, 19, 19, 19, 19, and that in (my) (aur) apir bady after death.	ian death accurred an the date and haur and from the
OR AT be reto DIRECTO		22b. SIGNATURE	Bring M		ED. STAFF 22c. DATE SIGNED 10-5-68
SPITAL 4 moy NERAL tor, pog		22d. PHYSICIAN S NAME (Type) DR. L	. BRINGS		ST., CUMBERLAND, MD. 21502
TO HOS	L		/7/68 St. In	CEMETERY OR CREMATORY Ike's Cemetery 250. REC'D BY	23d. LOCATION (City or Town) (County) (Stote) Cumberland Allegany Maryland REGISTRAR 25b. REGISTRAR'S SIGNATURE
SOM REV. TYPE	⁴ S	PLEOX MERRITT	404 DECATUR STRESS	CITY DATE OC	

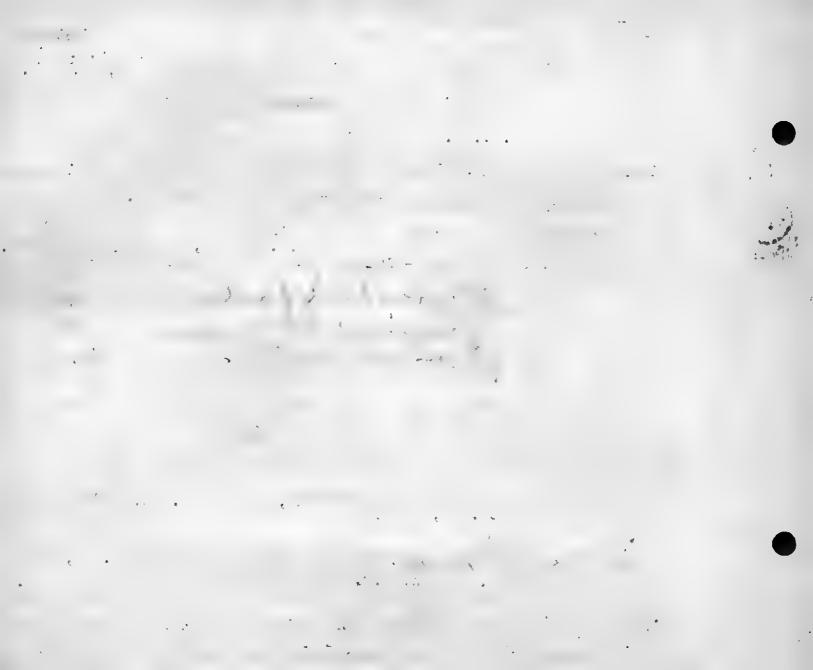
4: 3 : 3 :]+ · · · · · · · · · · · · · · T | H' Y ~ 1. JY * A L'IT JAT R 1 Y. C. T. T. 11-07-1 H, 1712 , T ., C • 7 2 7., 6' 3 1 , ٧٢٠,.٠,٣٠ ١٠ ١٠ ١٠ ١٠ ١٠



5/12	1 st a north pivi) STATE DEPARTMENT OF 301 W. PRESTON STREET, BA		
James Committee	13771		ERTIFICATE OF DEATH		13782
r death. uneral 1 and 2 er death.	1 DECEASED-NAME (Type or pnnt) NINA	Middle 7	QU I NN	20. DATE OF DEATH OCTOBER DO	26 HOUR A
within 24 hours after death ely filled in by the funeral ban papers agget 1 and 3 within 72 haurs after death	FEMALE V	ACE VHITE	JUNE 29, 1	896 6. AGE (In years last birthday) 72 Y Res	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
d Ain by 72 hau		J.S.A.	8. MARRIED MEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md
d'within 24 letely filled arban papi art, within 7	O CITY OR TOWN OF DEATH CUMBERLAND, MD.	give street oddress) MEMORIAL H	OSPITAL during	SUAL OCCUPATION (Kind of work done mast of working life, even if retired.)	
ruted in inplet ve car event,	130 USUAL RESIDENCE (Where deceased live admission) STATE 13b	d, if institution. Residence before i. COUNTY HAMPSHIRE	ROMNEY 3d INSIDE CI	NO 130. STREET AND NUMBER	ON STREET
and tam	14. FATHER'S NAME First	M'ddle Last	IS. MOTHER'S MAIDEN NAM		Lost
lease and in	EDWARD 160, WAS DECEASED EVER IN U.S. ARMED FOR	TAYLO RCES? [16b. SOCIAL SECURITY N		ANNIE	WILSON
physician en please aval, and	Yes, no, or unknown) (If yes give war or date	232-26-5	032MEMORIAL HO	SPITAL, CUMBERL	AND MD
ie death ce attending permit. Th	B. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	cause per line for (a), (b), ond (c)) SE (a)	inal Congest	tiso Lent fails	BETWEEN ONSET AND DEATH 4 Cleyp
the death e attendir permit. itian, ar re	() F m ()	UE TO, OR AS A CONSEQUENCE OF	- clines	1. H. Culyon a	
requires that the death certificate harexee g physician. signed by the attending physician and an burial-transit permit. Then please remain burial, crematian, or remayal, and in any	rise to immediate couse (a)	UE TO, OR AS A CONSEQUENCE OF	atual fibrilla	hor see	5 years
quire physic signec burial	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE C	DR CONDITION GIVEN IN PART 1(a)	4 years
2000	3 Appollyion	Dism 12 years		ropy	
ATTENDING PHYSICIAN: The law restained by the hospital or attending CTOR: After this certificate has been should be detached far use as the rith the State Dept. af Health priar tall	RIFIC	ION FOR WHICH OPERATION WAS PER	YES NO		
YSICIAN: ospital or certificate thed far us		RID TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19	21c. HOW INJURY OCCURRED (E	nter noture of injury in Port 1 or Part 2	, Item 18.)
DING PHYSIC I by the hospi After this certi be detached State Dept. a	White Not while		ORY.) 21f LOCATION Street or R.F.D.		County State
OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 shauld be detac led with the State Dee	22a. I certify that (I) (this has	pital) attended the decease	d fram 1942, 19	ppinian death accurred an the d	that (I) (we) last late and haur and fram the
TOR: hauld	causes stated abave, (i) (we) (did) (did not) view the b	ady after death.		
OR DIRE	22b. SIGNATURB W. A. M.	Olmer. M. R	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	DATE SIGNED 108
O HOSPITAL OR ATTENI Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22d. PHYSICIAN'S NAME (Type) DR. W.	A. VAN ORMER	22e. ADDRESS 122 S	O. CENTRE ST.,	CUMBERLAND, MD
10 HOSPITAL Page 4 may O FUNERAL director, pag shauld be fill	230. BJRIAL, CREMATION, 23b. DATE REMOVAL (Specify) 10-7		emetery or crematory n Mound Cemete	23d LOCATION (City or Town) ry Romney, W.	(County) (State) Va. Hamp. Co
VR A15 (4) 30M REV. 1/68	24 FUNERAL DIRECTOR	a lead. () ADDRESS	Const MA 25a. DATE	TY REGISTRANDERSON ROOMER	Spear Judge



- 11			_				DEPARTMENT O					
1,4		13772	D	IVISION OF V			ESTON STREET, B. ATE OF DEAT		E, MARYLAND	21201	131	783
. ~ .	i bi	CEASED-NAME	First		Middle	CEKTIFICA	iost		DATE OF DEATH	ESTE	A.M.	26. HOUR
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ricate be executed within 24 hours after death resign and campletely fulled in by the funeral please remove corbons and sers. Pages I and 2 in any event, within 2 hours after death in any event.	3. SE	x Male		4 RACE Wh:	ite		NOVEMBE	R 18	, 1879 88	MOULE	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
hours hours hour	7a 1	BIRTHPLACE (State or f		CITIZEN OF WHAT		8. MARRIED	NEVER MARRIED	9 CO	JNTY OF DEATH		de ver	
7 2 2	10 (Maryla		U. S.	E OF HOSPITAL OR IN	MIDOWED D			llegany		12b KIND OF B	Md.
within within		Cumberla	nd	Allegar	ny Coun	ty Inf	irmary dan	e tire	working life even i	retired)	IMD, CTDV	Mining
amplet	13a adm	USUAL RESIDENCE (WH ssion) STATE Mar	ere deceosed yland		n: Res dence before		tburg YES	NO [X	13e STREET AND N		1	
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E E C S	16a. Y	WAS DECEASED EVER (es, no, or unknown)	N U.S. ARMED	FORCES?	66 SOCIAL SECURITY 182-01-	NO. 17 IN 4162 A	formant P.O.	Box Coun	599, ty Infi	Addres Cu mary		ds.
at the eath certification is permit. Then martian, or remaya		18. CAUSE OF DEATH V	M (Enter only on MAS CAUSED B IMMEDIATE	Y. CAUSE (o)	1 you	Lord	dorfe	wi	Lin			ATE INTERVA. SET AND GEATH
if the att the att sit per		Conditions, if any, wi		(b) G	A CONSPOSIENCE OF	elyc	1 Outer	محداله	lunia		gn	-
		stating the underlyi	ng couse	DUE TO, OR A	A CONSEQUENCE OF	hil	osth	m	هـ		Eym	
The law requires the attending physician has been signed by se as the burial-traft prior to burial, cre	×	PART 2 OTHER SIGNI	FICANT CONDI	TIONS CONTRIBUTION	IG TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE	OR CONDIT	ON GIVEN IN PART 1	(a)	0	
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→ □ =	MEDICAL CE	21a. ACCIDENT WAS or contributing of the contributing of the contributing of the contribution of the contr	CAUSE OF DEATH	21b TIME OF II HOUR A.M. P.M.	Manth Day Year		W INJURY OCCURRED (enter notur	e of injury in Part 1	or Part 2, It	em 18.)	
PHYSICIAN The haspital to this certifical to the certifical to the far between the petroperation of the petroperation of the this certifical the terminal te	ME	21d INJURY OCCURR	ED 21e. PL	ACE OF INJURY (A	T HOME, FARM, STREET, FA FFRCE BUILDING, ETC.		CATION Street or R.F.D		City or Town		County	State
O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital O FUNERAL DIRECTOR: After this certifica director, page 3 should be detached fa		22a. I certify the	at (I) (this ceased aliv	haspital) aften e an Oct •	ded the deceas	ed from ME 19 <u>68</u> , and	that in (my) (aur)	9 <u>68</u> , apinian	death accurred	12, 19_ an the dat	68 , that te and havr o	(I) (we) last and fram the
R ATTENI retained ECTOR: A 3 shauld with the		causes state 22b Signature	ed abave, (l) (we) (did) (d	lid nat) view the	bady after d				22c D	ATE SIGNED	-
OR be red w	{	Dea	ge)	7///	non	M DEGRE		MED DIRECTO	R STAFF		. 12,	1968
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shaulf shaild be filed with thin	L.	92d. PHYSICIAN'S NAME (Type)	(Geo:	ge M.	Simons,				ospital		erlan	i,Md.
D HO:	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA1	14/68		CEMETERY OR C	REMATORY METERY		LOCATION (City or		(County)	(State)
2	247	URLAL						D BY REG		EGISTRAR'S S	EC ANY	MD.
30M REV WAR	M	2. Minhad	VOLIVILA /	HOME 6	O W. MA	IN FRO	INERAL 250. RECONSTRUCTOR	ULL	8 196B	yuan	les jus	ye.





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	•	1911%	DIAISION OF A			TON STREET, BAL IE OF DEATH	IIMOKE, MA	RYLAND 21	201	1378	35
degin.		CEASED NAME First (pe or print) MA	RGARET	Middle A .		Lost	20 DATE OF	BER ^{nth}	2Doy	1988	2VAH0M.
	3. SE	FEMALE	4. RACE	IITE		DATE OF BIRTH		6. AGF (In yellow)	rars y) M		F UNDER 24 HRS. HOURS MIN
	coun	(RTHPLACE (State or foreign http://maryland		. A.	WIDOWED [NEVER MARRIED DIVORCED		GANY			Md
		TY OR TOWN OF DEATH CUMBERLAND	give str	AE OF HOSPITAL OR INST	AL HOSE	ITAL during	WAL OCCUPATION	KwalekiEe	k done stired)	126 KIND OF BU INDUSTRY	JSINESS OR
	130 odmi	USUAL RESIDENCE (Where deceding STATE MARYLA	N D ^{13b} COUNTYAL		ROST BU		LUMITS? 13e. S	REET AND NUM		H WATE	R ST.
1	14. F	ATHER'S NAME First HENRY		WELL	INGS	OTHERS MAIDEN NAME	First SARAH		iddle	LEWIS	Lost
		WAS DECEASED EVER IN U.S. AR as, no, or unknown) (11 yes give	MED FORCES? war ar dates of service)	I 6b. SOCIAL SECURITY N		RMANT ORIAL HO	SPITAL		dress B ERL	AND, M	ID.
	NC.	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS (b) DUE TO, OR AS (c) ONDITIONS CONTRIBUTIONS							127	ET AND DEATH
5	CERTIFICATION	.9a. DATE OF OPERATION 19b	CONDITION FOR WHICH	man.		20a. AUTOPSY? YES NO	CAUSE	S OF DEATH?		NSIDERED IN CERT	TIFYING
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam 21d INJURY OCCURRED While Nat while at work at work	HOUR A.M. P.M. PLACE OF INJURY (Month Day Year 19 AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY.) 21F LOCAT	ION Street or RFD A	fa. Crh	ar Tawn	0	County	State
		220. I certify the (1) (the saw the deceased causes stoted above	his hospital) atter alive on re,(1) (we) (did) (i	aid nat view the	od from 9 S, ond th body after dea	not in (my) (our) o	, ta 🌫 pinion deoth	occurred on	the dote		D) (we) lost nd from the
		22b SIGNATURE 22d PHYS CIANS	1.27	Memb	Spickli	22e ADDRESS	MED DIRECTOR	STAFF PHYS	10	ATE SIGNED 2-9-1	
1	00	22d. PHYS (LANS) FRED	ERICK MI	LTENBERG		122 S.		ST.			
	23a 1		DATE TO THE	Frostland ADDRESS	cemetery or cre		EY REGISTRAR		VII) ISTRAR'S SI	(County)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13786 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR 1. DECEASED NAME First Middle Last 20 DATE KNOWN Manth Day
OF ESTI-(Type or Print) ROBERT Poge ROBERTS LEE DEATH MATED October IF UNDER 1 YEAR SE JNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years 2c DATE PRONOUNCED DEAD Male White July 5,1923 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 7a. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH W. Va. U.S. WIDOWED | DIVORCED [Allegany 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126. KIND OF BUSINESS OR during mast of warking life, even if retired) give street oddress) Cumberland OurnoerLand | Memorial Hospital13a USUAL RESIDENCE (Where deceased lived, furstrution Residence belong) 13c CHY OR TUWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Hampshire W. Va. Green Spring YES | NO XI Rural hours l and 2 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Rachesl John Roberts Dawson hours the Chief Medical Exomine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** within (Yes no or unknown) World war or dotes of saves) 233-30-5297 Lillian E. Roberts. Green Spring, W, Va. event within CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF 11 Conditions, if any, which gave CORONARY THROMBOSIS rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF storing the underlying cause CORONARY SCLEROSIS .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) or removal, pasn 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔯 No 🗆 21o EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A M. cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) 220. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X Inquiry X. and in my apinian Natural causes XI. Accident . Suicide . Homicide . Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL Relatelicho 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X October 8, 1968 **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city town, octown) BERLAND MARYLAND NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION 23b. DATE (vinua). REMOVAL (Specify) Oct.10,1968 Forest Glen Green Spring, Hamp. W. Va. FUNERAL DIRECTOR 25g REC'D BY REG STRAR 2Sb. REGISTRAR S S GNATURE 1968 VR A 15ME (5) Romney, W. Va. 1DM REV 1,68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 13787 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First HEALTH DEPT. M.ddle Last 20. DATE KNOWN Month 2b HOUR (Type or Print) OF ESTI-Schreiber 68 30 6:15 Oct. Dorothy Μ. 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE [r years IF LINDER I YEAR IF UNDER 24 HRS DATE PRONOLINCED DEAD 2d HOUR 56 birthday) Oct. Day 30 1968 Year Female White June 9,1912 6:15 State Depart 7a BIRTHPLACE (State or fareign 76. CIT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED KNEVER MARRIED country)Wisc. USA WIDOWED | DIVORCED [Allegany 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR D. U. A. Memorial Hospital HOUSEWITE ife, even if ret red) Own Home Cumberland 13a USUAL RES DENCE (Where deceased lived, it institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admiss an) STATELS 13b GOUNTY Mineral 00 Wiley Ford None YES 🏗 NO 🗀 and 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Her Of Frank Trask Ida Sharkey 24 haurs .= 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes, no, or unknown) Mr. Charles Schreiber, Sr. Wiley Ford, W. Va. APPROXIMATE INTERVAL within 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Coronary Occlusion Sudden IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Coronary Sclerosis Canditians, if any, which gave rise ta immediate cause (a), writing the ward plnous DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(n) o remaval, nsed 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? please execute the certificate, NO X pe Б 21g EXTERNAL CAUSE WAS 2 5 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH P.M 2 d INJURY OCCURRED 21e PLACE OF IN JRY (At hame, farm, street, 21f LOCATION Street at R F D Na City or Tawn Caunty State factory, affice building, etc.) AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry [X]. and in my apinian Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Skitarelic, M.D. ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Oct.29,1968 DEPLITY MEDICAL EXAMINER 5 may TO FUNE Health Dr. Benedict Skitarelic.Md. ADDRESS(Street, city, tawn ar caunty) Rt.9Cumberland NAME (Type) the 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Tawn) (County) Nov.2,1968 Sunset Memorial Park Cumberland, Allegany, Md 25a REC'D BY REGISTRAR Scarpelli, Cumberland, Md. VR A15ME (5) DATE 10M REV. 1/68

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1	13778 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 13789
sects after deoth.	1 DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR A
	KARLA Dee SHINGLETON OCTOBER 4. 1968 4:45M
	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR F JUNDER 24 HRS
	remate White September 19, 1900 - YRS 14
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	KEYSER, W. VA. U.S.A. WIDOWED DIVORCED ALLEGANY Md.
, ,	10. CITE OR TOWN OF DEATH 17. MARKE OF THOST INTO THE OR THIS OF THE OR THOSE OF THE OR THE OR THOSE OF THE OR
0	_CUMBERLAND, MO. MEMORIAL HOSPITAL None
	130 USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE TOWN 250 13b. COUNTY 13c
1	MINERAL REYSER 1 2 19 2NO STREET
,	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
	RICHARD SHINGLETON VICKY WILT
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Address
	NO NO MEMORIAL HOSPITAL, CUMBERLAND, MD.
	18 CAUSE OF DEATH (Enter only one cause per line for (a)-(b), and (c).) PART I. DEATH WAS CAUSED BY.
	IMMEDIATE CAUSE (a) RESDINGIOUS TRAINING
	DUE TO, OR AS A CONSEQUENCE OF
	Canditions, if any, which gove is to immed a te cause (0). (b) Published Spinal Mening its
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	los Hero Dactor Herogenes
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING
)	YES SEE NO CONTROL CAUSES OF DEATH?
1	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
	GOR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Manth Day Year 19 12 III. HOUR A.M. Manth Day Year 19 12 III. HOUR A.M. Manth Day Year 19 12 III. HOUR A.M. STREET, FACTORY. 216, LOCATION Street or R.F.D. No City or Town County State While Not while 19 Not wh
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	di work di work
	sow the deceased alive an 10-1-68 19, and that in (my) (our) apinion death occurred on the date and hour and from the
	causes stated abave, (!) (we) (did) (did nat) view the body after deoth.
	22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. STAFF 22c. DATE SIGNED
	TO DE HOLLE BENEAU MA DEGREE PHYS. DIRECTOR PHYS. 10-11-68
1	220. PHISICIANS
1	OR. ROBERT DAWSON 1000 GREENE ST. COMBERCAND. WID.
	230 BUR AL CREMATION, REMOVAL (Specify) Burial 10-6-68 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Caunty) (State) Queens Point Cemetery Keyser W.Va.
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	Haralf W. W. Clenne Keyser W. Va. DAIL 1968 guarde June



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13775 13790 CERTIFICATE OF DEATH 2b. HOLD: 1/ Lost 2a. DATE OF DEATH Middle DECEASED-NAME 24 hours after death. MINNIE (Type ar print) E SHUMAKER OCTOBER IF UNDER 1 YEAR 4 RACE S DATE OF BIRTH 6. AGE (In years 3. SEX 5-24-1884 last butter (WHITE FEMALE 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED USA "BEDFORD. PA. ALLEGANY DIVORCED X WIDOWED [7] 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working/life even if retired.) INDUSTRY HOSPITAL CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE MD 13b. COUNTYALLEGANY CUMBERLAND 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER buriol, cremation, or removal, and in ony event, admission) STATE MD NO X ROUTE 6. BOX 197 YES 🗀 IS MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Last **DEFFIBAUGH** HOWARD MARY **UMBAUGH** 17 INFORMANT Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, grynknawn) MEMORIAL HOSPITAL. CUMBERLAND, MD. APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BULLIO-OR AS A CONSEQUENCE OF Canditians, if ony, which gove) burrol-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED Finter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. OR CONTRIBUTING, ACAUSE OF DEATH Month Day (If either, nat'fy medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 2TF LOCATION Street or R.F.O. No. City or Town While Not while m______, that (I) (ye) last , and that ip (my) (aur) opinion death occurred on the date and hour and from the 220. I certify that (I) (this haspitol) attended the deceased from O FUNERAL DIRECTOR: After saw the deceased alive on 10 HF-/6 1 19 cause stated of ove, (1) (we) (did) (did nat) view the body after deoth 22c. DATE SIGNE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. DEGREE 22e. ADDRESS S 22d. PHYSICIAN'S 122 S. CENTRE ST., CUMBERLAND, NAME Prope) J. WILLIAMS 23d. LOCATION (City or Town) (State) 23c NAME OF CEMPTERY OR CREMATORY (County) 23o. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Md. Alleg Cumber land Rose Hill Cemetery 25b. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 4 1968 MATE OCT to ave. Cumberland.



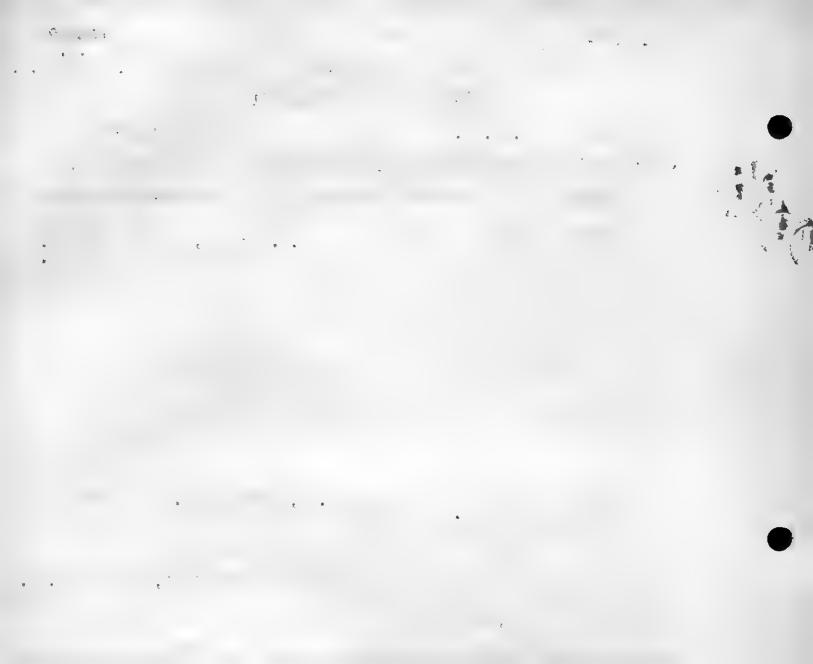
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13791 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR First within 24 hours after death (Type or print) Month 17 MARTHA OCT. Doy 1968 SKIDMORE E. 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR LE JNDER 24 HRS. 6 AGE (In years 83 birthday) HOURS director, page 3 should be detached for use as the bunal-transit permit. Then please remove corbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours af WHITE FEB. 23. 1885 PRIMATE YRS. 7a. BIRTHPLACE (State or foreign 7b. CITEZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED | NEVER MARRIED | country) U.S.A. WIDOWEDIC DIVORCED [ALLEGANY filled i 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of work politic even if retired.) give street address) FROSTBURG MINERS HOSPITAL 13o USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE MARYLAND 13b. COUNTY ALLEGANY YES 3 NO CM MIDLOTHIAN 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle EDGAR AMELIA DREW SMITH physicion 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, or unknown) MRS. WM. CUTTER. MIDLOTHIAN. MD. 219-54-2095 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH signed by the ottendir burial transit ACUTE BRAIN DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO R YES 🗌 TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medica examiner) P.M detached 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INTURY OCCURRED City or Town Stote County While Nat while at wark couses stated abave, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR PHYS. PHYS PHISICIAN'S 22e. ADDRESS NAME (Type) PAIGE STRONG. E. MAIN ST. FROSTBURG. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State) 230. BURIAL, CREMATION BREMOVAL (Specify) OCT. 10 168 FBG. MEMORIAL PARK FROSTBURG. ID 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR REGISTRAR S. SIGNATUR J. R. DURST, FROSTBURG, MD. 21532

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		13781		CERTIFICATE OF DEATH		13792
£ _2∉		CEASED-NAME First	Middle	Last	20. DATE OF DEATH at 4:0	O P.M. 2b HOUR
offer death	(1	Ype or plant) Emory	Lee	Smith	October 5	1968 P.M.M
	3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (.n years last burthday) YRS.	IF UNDER 1 YEAR OF JINDER 24 HRS.
	_	Male	White	2/18/1881		MONTHS GATS HOURS MIN
کر دیج			7b. CITIZEN OF WHAT COUNTRY?	INDUCATED TO DESCRIPTION TO	OUNTY OF DEATH	d-w
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equires that the death certificate be executed within 24 physician. signed by the attending physician and campletely fried is burial transit permit. Then please remave carban paper burial, crematian, ar removal, and in any event, within 72		ity or town of death mberland	II. NAME OF HOSPITAL OR IN Allegany Count;	y Infirmary Retain	L OCCUPATION (Kind of work done st of working life, even if retred.)	125. KIND OF BUSINESS OR INDUSTRY
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and cam	14 F	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME FIL	rst Middle	Losi
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e death certificate b attending physician permit. Then please an, ar removal, and i		WAS DECEASED EVER IN U.S. ARME es. no. or unknown) (11 yes give wo	ED FORCES? 16b SOCIAL SECURITY	NO. 17 INFORMANT P.O.BO.	x 599, Cumber	land, Md.
phy oval	_	50, 10, 01 314104111		Allegany Cou	nty Infirmary	
ing the		IB. CAUSE OF DEATH (Enter only	y ane cause per line for (o), (b) and (c)	Primary-Liver		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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equires that the physician. signed by the burial transit burial, cremati		los†	(1) years	el man	oshore	ymu -
		PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D SEASE OR CO	ONDITION GIVEN IN PART 1(a)	//
ding ding the the	8	/ LO DAYS OF OPERATION LINE C	OND TON COD PRINCIPORED LT ON THE DE	DEGRAFA LEG AUTOPTIO	Lost of the transfer full hards	V
The law re aftending has been see as the I	CERTIFICAT	19d. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	ERTI	21a. ACCIDENT WAS UNDERLYING	G 2% TIME OF INJURY	YES NO	nature of injury in Part 1 or Part 2, I	It 1D 3
IIAN: The law re tall or aftending fficate has been s far use as the tall priar tab		OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Month Day Year		nature at injury in Part I ar Part 2, I	irem (B.)
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a e iti de d		While Not while of work		GORY.) 21F, LOCATION Street or R.F.D. Na.	· ·	
ADING d by fl After d be d		22a. I certify that (1) (this	s haspital) attended the deceas	ed from Nov. 7., 196 19 68 , ond that in (my) (our) opir body after death.	7 , to Oct. 5 19	58 , that (I) (we) lost
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OR PER S		Nower)	nlynon	DEGREE PHYS ME	ED STAFF XX PHYS. XX	
PITAL may !		77d. PHYSICIAN'S NAME (Type)	1	22e. ADDRESS	11 - 11 - 2 C- 2	2 - 3 M3
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the			10rgell. SI	mons Momorial	Hospital, Cumb	ertand, Md.
Page direct	23o	BURIAL, CREMATION, 23b. D.		CEMETERY OR CREMATORY	23d. ¿OCATON (City ar Tawn)	(County) (State)
5 5 5 EX		REMOVAL (Specify) OC		est Burial Park	Cumperland All	legan, Ad
VR AF5 41	24.	funeral director James F. Scar	pelli, Cumberlan	d. Md.		
30M REN /1/68			1	DATE OF	CT 9 1968 RCL	conta Indae



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10 cccssod name		ı	MARYLAND STATE DEPARTMENT OF HEALTH	
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O Z 🛨 S O BURIA, CREMATION, 230 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)				
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WE ATSME [5] BYRON KIGHT CUMBERLAND, MD. DATE OCT 2 9 1968 [Clearles Judge			BYRON KIGHT CUMBERLAND, MD. DAIL OCT 29 1968 ICLO	la Indae



MARYLAND STATE DEPARTMENT OF HEALTH

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	1			STATE DEPARTMENT OF		
		13784	DIVISION OF VITAL RECORDS, 3 C	ERTIFICATE OF DEATH		13795
_ 7.		CEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
er death.	1 (1	ype or print) DESSIE	E.	SPIKER	OCTOBER 30	68 8:30AM
ter	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (In years	F JNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
1	L.	FENALE	WHITE	4/21/98	70 YRS.	INDECTION OF THE PROPERTY OF T
	7o. I	trvi		⁸ Married 💢 Never Married 🗔	9. COUNTY OF DEATH	
	<u></u>	PENNSYLVANIA	UNITED STATES	WIDOWED DIVORCED	ALLEGANY CO.,	Md
		TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST give street address SACRED HEART	ITUTION (It not in hospital 120 US	WAL OCCUPATION (Kind of work done most of warking life, even if retired.) USEWIFE	126. KIND OF BUSINESS OR INDUSTRY
	120	UMBERLAND, MD.	SAURED HEART	HOSPITAL HO	USEWIFE LIMITS 13e. STREET AND NUMBER	
1.	odm	ssion) STATE DENING VI VA	livéd, if institution Residence before		NO. C.	128
2		ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	A NI . # I . DUA .	Lost
		JOHN	PEAF		ARY ELIZABET	
	160	WAS DECEASED EVER IN L.S. ARMEI	D FORCES? 166 SOCIAL SECURITY NO		Address	JU STINEN
		es, no or unknown) (Il yes give wer	or dates of service) 220 32 4	14 PATIENT'S H	OSPITAL CHART	
		IB. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED 1	BY: MYOCARDIAL	INFARCTION		2 DAYS
		4109	DUE TO, OR AS A CONSEQUENCE OF			
		Conditions, if any, which gave rise to Immediate couse (a),	(b)			
		stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
			(c)	PELATED TO THE TERMINAL DISEASE O	PCONDITION GIVEN IN PART 1(a)	
	_	4201	DIABETES MELL	ITUS	ACONDITION OF BY IN CARL (Q)	
. ,	CERTIFICATION	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PERI	FORMED 200 AUTOPSY?	20b. № YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
X	TEC			YES NO [CAUSES OF DEATH?	
-	L CER	210. ACCIDENT WAS UNDERLYINGOR CONTRIBUTINGCAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (En	iter nature of injury in Port 1 or Port 2, It	iem IB.)
	MEDICAL	(If either, notify medical examine	r) P.M. 19			
	Σ	21d NJRY OCCURRED 21e Pl	LACE OF INJURY (AT HOME, FARM STREET FACTOR OFFICE BUILDING, ETC.	ORY.) 21F LOCATION Street or RFD	No. City or Town	County State
		While Not while at work of work	1 24 1 1 1 1	10 = 29 10	68 , to 10 - 30, 19	68 - 45-4 (1) (1-3 (1-4
		saw the deceased aliv	haspital) attended the deceases	grom, 19.	pinian death occurred an the dat	e and haur and from the
J X X		causes stated above,	(I) (we) (did) (did not) view the b	ady after death.		
		22b SIGNATURE	1 R 1,	ATTENDING X	MED. STAFF C	ATE SIGNED -3 1 -68
		, 6. 4/4	W. Onei Mi	DEGREE PHYS	DIRECTOR L PHYS L	
1		22d. PHYS.CIAN S NAME (Type) DR	R. W. BALLIN	22e. ADDRESS	NE STREET, CUMBERLA	AND. MD. 21502
0	230	BURIAL CREMATION, 23b. DA		EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
1	230				y Grantsville, G	
(4)	24	FUNERAL DIRECTOR	ADDRESS	2So REC'D	BY REGISTRAR 2Sb REGISTRAR S S	SIGNATURE
/68	1	with Merry	Grantsvi	ille. Md. DATE NO	OV 8 19618 Action	rles Judge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. DECEASED NAME M.ddle 2a DATE KNOWN Y Month Day (Type or Print) MILDRED DEATH MATED - Oct. 5.19689 2:00a M LEONA 4 RACE 6 AGE (In years 2c DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH October 5.1968 WHITE 19 8 200a M PUSINFATERO YRS 7a BIRTHPLACE (State or foreign MARRIED XINEVER MARRIED 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH form "TUNACONING, MD WIDOWED [DIVORCED [7] ALLEGANY Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR ice olong with g ve street address)
Miner's Hospital—DOA during most of working life, even if retired.) INDUSTRY FROSTBURG HOME 136 USJA, RESIDENCE (Where deceosed lived, if institution: Residence before 13c C.TY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY ALLEGANY Middle First 14. FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME Middle JAMES GREEN LUCINDA BROADWATER AFORED STBURG. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17. INFORMANT MD. (Yes, no, or unknown) 215-16-4476 MR. LLIS SPIKER. 201 event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN GNSET AND DEATH should be forwarded to the Chief Medical. PART I DEATH WAS CAUSED BY Coronary Thrombosis. left Sudden IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF left Conditions, if any, which gave Coronary Aneurysm Years rise to immediate couse (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) remayol, CERTIFICATION 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YESY 21g. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 21b. TIME OF N.URY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF N.JRY (At home, form, street, 21f. LOCATION Street or R F D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE O 22a. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection X. Inquiry X, and in my apinion Natural causes X . Accident . Suicide . Homicide . death resulted fram: Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X October 5. 1968 5 moy 70 FUNE Health **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city town, or count NUMBERLAND, MARYLAND NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 235 DATE 23d LOCATION (City or Town) BUREAL, CREMATION, (County) 10/8/68 SUNSET CUMBERLAND PARK SOVERS HAFER-SOWERS 25g RECD BY REG STRAR 25b REGISTRAR'S SIGNATUR Source HOLL 60 W. L'AIN FROSTRUR

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13797 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH DECEASED-NAME First 26 HOUR (Type or print) Jackson OCTOBER WILLIAM STAGGS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last highday) bur al-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 haurs aft 08 - 26 - 92 MALE WHITE 7a BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WEST VIRGINIA USA **ALLEGANY** WIDOWED [DIVORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 9"SACREDS HEART HOSP., CUMB. Prog The working life, even if refired) **CUMBERLAND** 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY CRESAPTOWN YES X Winchester Rd. ALLEGANY execu 14. FATHER'S NAME Middle Łast IS. MOTHER'S MAIDEN NAME First **JOHN** STAGGS I DA DAWSON The law requires that the death certificate 16b SOCIAL SECURITY NO 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, orygknown) 705-10-8709 HOSPITAL RECORD, 900 SETON DRIVE, CUMB., MD 18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b) and (c) } PART I. DEATH WAS CAUSED BY signed by the attendir bur al-transit permit. IMMEDIATE CAUSE (a) Canditions, if any/which gave ase to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIF-CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar tall 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19ri DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES [21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY) 218 PLACE OF INJURY 21d. INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 2 - 15 , 19 6 8 , to 10 - 12 - 19 6 8 , that (1) (we) last saw the deceased give an 10 - 11 19 6 8 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 57 GREENE ST., CUMBERLAND. 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION RESIGNAL (Sporty) Zion Memorial Park 10/15/68 Cumberland Allegany 24 FUNERAL DIRECTOR H. Waline George GEORGES FUNERAL HOME, CUMBERLAND, MD. 30M REV. 1/88

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1.7	DIVI	SION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
- Comment	13788	CERTIFICATE OF DEATH	13799
death reral and 2 death.	1 DECEASED NAME First (Type or print) CARL	W. TASCHENBERGER OCTOBER	26. Hour 1 10, 1988 12:40
	3. SEX 4. F	WHITE FEBRUARY 8, 1904 6. AGE (In years last birthpay) 6.4 YR	IF UNDER 1 YEAR 15 UNDER 24 HRS. MONTHS DAYS HOURS MIN
4 hours	7a. BIRTHPLACE (State or foreign 7b. Clicountry) SPRING GAP, MD	IZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH ALLEGANY	Md.
ed within 24 ho pletely filled in carban papers. ent, within 72 ho	10. CITY OR TOWN OF DEATH CUMBERLAND, MD.	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) ME MORIAL HOSPITAL 120. USUAL OCCUPATION (Kind of work don during most at working life, even if retired BARBER	12b. KIND OF BUSINESS OR INDUSTRY
unplete smplete ve cart event,	13a USUAL RESIDENCE (Where deceosed liver admission) STATE MARY AND 35	d, if institut an. Residence befare OLDTOWN YES NO RT. #1	
in any	14 FATHER'S NAME First OS CAR	Middle Lost IS MOTHER'S MAIDEN NAME First Middle W. TASCHENBERGER EMMA F.	LITTLE
ificate hysician pleas al, and	160. WAS DECEASED EVER IN U.S. ARMED FOI Yes, no ar unknown) (If yes give wor or date	RCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address MEMORIAL HOSPITAL, CUMBER	LAND, MARYLANI
that the death certificate an. by the attending physicia ransit permit. Then plea cremation, ar remayal, an	18. CAUSE OF DEATH (Enter only one PART DEATH WAS CAUSED BY IMMEDIATE CAU	cause per line for (a) (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
the de he atte if perm ation, c	Conditions, if ony, which gove	UE TO, OR AS A CONSEQUENCE OF	
es that ician. ed by t al-trans	rise to immediate cause (a), stating the underlying cause lost.	UE TO, OR AS A CONSEQUENCE OF	
requiring physics is signered burice is buriced to buri	1000	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
he law artendir nas bee e as th h priar i	190 DATE OF OPERATION 195. CONDIT	ION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 205 IF YES, WERE FINDINGS CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
CIAN: Tital or ifficate far us		TID TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part HOUR A.M. Manth Day Year	2, Item 18.)
PHYSIGE haspine his cert	21d. INJURY OCCURRED While Not while of work of work	P.M. 19 OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. (ity or Town)	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate became used within 24 hours after Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon appers. Pages I should be filled with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after	220. I certify that (1) (this has	pital) attended the deceosed from 9-29, 1965, to 65, to 1966, n 1966, to 19	19 <u>68</u> , that (I) (we) last date and have and from the
R ATTE refaine reform 3 shoul with th	22b SIGNATURE	ATTENDING TO MED TO STAFF TO	c. DATE SIGNED
TAL OR May be r (AL DIRE) page 3	22d. PHYSICIAN'S NAME (Type) DR. CAR!	TON BRINSFIELD 220. ADDRESS 401 DECATUR STREET, C	
ro Hospital Page 4 may To FuneRal director, pageshauld be fr	230 BURIAL, CREMATION, 23b DATE	23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Tawn)	(County) (State)
VR A15 (4)	24. EUNERAL DIRICTOR	ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRA	
	John J. Hafar, Jr	, 230 Balto Ave., Cumberlandy Wal 14 1908	





1 E	4000	DIVISION OF	VITAL RECORDS,			ENT OF HEAT		VIAND 21201		
'	13790	DIVIDION OF			ATE OF		NE, HIMN	1 DAIND 21201	1380	7
Ī	ffine as exact)	irst	Middle		Lost	2a	. DATE OF D	DEATH		2b. HOUR
		RISTIAN	Τ,	1	ENNANT	(OCT.	Month 28 Da	1968 ^{Year}	M
3.	SEX	4 RACE			S. DATE OF BI			6. AGE (In years	IF LINDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
L	FEMALE		HITE	10.	/	30, 1886		last birthday) YRS.		
0	a. BIRTHPLACE (State or foreign MARYLAND)	76. CITIZEN OF WI	IAT COUNTRY?		NEVER MAR	KICU	UNTY OF I			
	CITY OR TOWN OF DEATH	11 N/	ME OF HOSPITAL OR IN	WIDOWED STITLIFICATION (15 to		CED []		LEGANY Kind of work done	126 KIND OF B	Md an example
	FROSTBURG	give s	treet oddress) MINI	ERS HOS	PITAL	duringoust	wire	fe, even if retired.)	INDUSTRY	OSINESS OK
, [13	da. USUAL RESIDENCE (Where dec Imissian) STATE FIARYIA	ND 13b COUNTY	on: Residence before ALLEGANY	FROSTE		36 INSIDE CITY LIMITS? YES NO Y		EET AND NUMBER UTE 1		
/ [7	I. FATHER S NAME First	Middle	Last	15	MOTHER'S MA	IDEN NAME First		Middle		Lost
L	WILLIAM		MEEK			MARY			STEWAR	T
1	6a WAS DECEASED EVER IN U.S. : Yes, na, ar unknown) (15 yes 9	ARMED FORCES?	166 SOCIAL SECURITY		NFORMANT	malaam mo		Address	100	
F	1				ORGE I	ENANT, KI	i oky i	FROSTBURG		ATE INTERVAL
	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAI	r anly ane couse per lir USED BY	ne for (a), (b), and (c)	1 - 0	115	T 0	0		BETWEEN ON	SET AND DEATH
	1/3//9 IMM	EDIATE CAUSE (a)	Cera		0000	70,	ecu	istor.	6	days
	Conditions, if any, which ga		S A CONSEQUENCE OF	alis	10	there	cle	whis		
	rise to immediate cause (o), ((b)	S A CONSEQUENCE OF	3	v ce					
	last. ? 2	5e) (c)	o a consequence or							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL					
	Intesti	ral ab	etructi	on a	lue Z	r ad	hese	me,		
	190. DATE OF OPERATION	95. CONDITION FOR WH	CH OPERATION WAS PI	RFORMED	20a. AUTO	PSY?		YES, WERE FINDINGS (OF DEATH?	CONSIDERED IN CER	RTIFYING
7	19a. DATE OF OPERATION 1	Visera	l adh			NO 🔀				
			Month Day Year		OW INJURY OCC	URRED (Enter natu	re af injury	in Part 1 as Port 2,	Item 18.)	
	(If either, natify medical exc	aminer) P.M.	. 1	9	ALTINU A	0.50				F1 1
	₹ 21d. INJURY OCCURRED While Not while at work at wark	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	214 [0	CATION Stree	t or R.F.D. No.	City o	or Town	County	State
	22a. I certify that (I)	(this bearing out)	anded the deces	ed from	100111	10 (452	to Co	xx 28, 19	6 For that	(I) /u-l la
	saw the deceased	alive an CAS	1 18	19 <u>66,</u> an	that in (m	y) (aur) apinian	death o	ccurred an the d	ate and hour c	ind from th
	causes stated abo	ave, (I) (we) (did)	(did nat) view the	bady after	leath.					
	22b SIGNATURE	2 W	ellers	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ATTENDIN	IG MED		STAFF -	DATE SIGNED	2 /9/1
,	22d. PHYSICIAN'S	1		DEGR	EE PHYS.	DIRECT	OR L	PHYS. L	74 30	2000
	Distance of the second	ALVIN J.	ALTERS			BROADWAY.	FROS	STBURG. M).	
2		3b DATE	23c NAME OF	CEMETERY OR				(City or Town)	(County)	(State)
	- REMOVAL (Specify)	OCT. 31 16		MORIAI			ROSTI	3.00	_ '	(/
2	4. FUNERAL DIRECTOR		ADDRESS			2So. REC'D BY REC	SISTRAR	25b. REGISTRAR	SIGNATURE	
XL	JOSEPH R. DUF	RST, FROST	BURG, MD.	21532		DATE NOV	4 1	968 sch	carles In	42
V V								M.		



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	"A #12 Total of 20 fol //0 :	13802
1.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) WILLIAM HENRY THOMAS OCTOBER'S 50,	1968 4:03 N
3.	MALE WHITE 7-30-93 last backday) YRS. MO	UNCER I YEAR F JINDER 24 HRS. ONTHIS DAYS HOURS MIN
70	BIRTHPLACE (State or foreign U. S. A. WIDOWED DIVORCED X 9. COUNTY OF DEATH WIDOWED DIVORCED X	Md
~ ~	CITY OR TOWN OF DEATH CUMBERLAND 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital CCUPATION (Kind of work done give street address) MEMORIAL HOSPITATING more trained)	12b. KIND OF BUSINESS OR INDUSTRY BLacksmith
/ 13 od	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before inssion) STATE MARYLAND 13b COUNTALLEGANY CUMBERLAND YES NO DIAMETER NO DIAMET	Avenue Home Poterac
/ 14	FATHER'S NAME First Middle Lost THOMAS IS. MOTHER'S MAIDEN NAME First Middle MARY	KNOTTS
.10	o WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) WW I 16b. SOCIAL SECURITY NO. 213-18-2593 WEMORIAL HOSPITAL, CUMBERL	
	18 CAUSE OF DEATH (Enter only one cause per line for (0); (b), ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A TONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last. (c) DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONIST AND DEATH 2 days 5 days
))	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES \(\square \text{NOT} \) NO \(\square \text{CAUSES OF DEATH?} \)	
MEDICAL CE	or contributing cause of Geath HOUR A.M Month Doy Year (If either, notify medical examiner) P.M. 19	n 18.) County State
	22a. I certify that (I) (this hospital) attended the deceased from 19 6, ta 5, 19 6 saw the deceased alive an 19 6, and that in (my) (our) opinion death accurred an the date causes stated above, (I) (we) (did) (did nat) view the bady after death.	
	DEGREE PHYS DIRECTOR PHYS. D 10	TE SIGNED 0/7/68
1	22d. PHYSICIANS NAME (Type) DR. GEORGE M. SIMONS 226. ADDRESS CUMBERLAND, MD.	
23	Garr. Co. Mem. Gardens Oakland, Gar	(County) (Stote)
2	John Durst, Oakland, Maryland DatOCT 9 1968 Clare	AN SINGE

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	1			D STATE DEPARTMENT OF F		
1	П	13798		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMUKE, MAKTLAND 21201	13804
五七.		DECEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
5 5	L		LAUDE W.	WAGNER	OCTOBER 25,00	1968 3:30PM
T.E	3	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MAN
IIS a	L	MALE	WHITE	6-1-95	/3 " YRS.	
-		BIRTHPLACE (State or fareign	76 CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRIED	9. COUNTY OF DEATH	MW
	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	WIDOWED DIVORCED DIVO	ALLEGA AL OCCUPATION (Kind of work dane	12b KIND OF BUSINESS OR
	3	CUMBERLAND	WE'MORTAL H	OSPITAL duning m	ast of working life, even if retired)	INDUSTRY
1/	130	nussian) STATE MD.	ed lived, if institution: Residence before Usb county Garrett	MC HENRY YES NO	13e. STREET AND NUMBER	
6	14	FATHER'S NAME First	Middle Last	35 MOTHER'S MAIDEN NAME F	irst Meddle	Lost
.#	L	W	illiam WAGNER		Narazzo	E. WARD
	16	a. WAS DECEASED EVER IN U.S. ARA Yes, na, ar unknown) {It yes give v	AED_FORCES? 16b. SOCIAL SECURITY N		Address	
	=			Memorial Hosp	ital, Cumberland,	Md .
		18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and (c) of BY:	VA		BETWEEN ONSET AND DEATH
, 0			ATE CAUSE (o)	1. //		200
of Health priar ta burral, crematian, or remaval, and in any event, within 72 hours		Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	1050	1	num
emo		rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	my or anni		+
ار د		stating the underlying cause lost.	(c)			
ž Ž		PART 2 OTHER SIGNIFICANT COL		OT RELATED TO THE TERMINAL DISEASE ORG	CONDITION GIVEN IN PART 1(a)	
2	2					
	CERTIFICATION	19g, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
X	, Los	21g. ACCIDENT WAS UNDERLYIN	C LOVE THE OF WHICH	YES NO	J	
			N HOUR A.M Manth Day Year	216 HOW INJURY OCCURRED (Enter	r nature of injury in Part 1 or Part 2,	Item 18.)
	MFDECAL	(If either, natify medical exami 21d INJURY OCCURRED 21e		TORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
		While Nat while at wark	OFFICE BUILDING ETC.	The control should be the	to to too.	/ /
		di waik oi waik	is hospital) ottended the decease	ed from 195	1, to 10/ C) 19	6 f , that (I) (we) last
with the State Dept. o	П	saw the deceased a	is hospital) ottended the decease	9 and that w (my) (aur) opi	inion death accurred on the do	ite and haur and fram the
	1	22b SIGNATURE	(I) (we) (did) (did not) view the	oody arrer death.	224	DATE SIGNED
		John	hidles	DEGREE PHYS N	AED STAFF DIRECTOR PHYS DI	8//
		22d. PHYSICIAN'S	1 - 1/100	22e. ADDRESS		16
1		NAME (Type) DR.	B. SCHINDLER	43 GREEN	E ST., CUMBERLA	ND, MD.
63	.23	BUR AL, CREMATION, 23b		CEMETERY OR CREMATORY	23d LOCATION (City or Tawn)	(County) (State)
5			t. 28, 1968 Garret	t Co. Memorial Gar	dens Oakland G	arrett, Md.
[4] 1/68	1	. FUNERAL DIRECTOR Minnich Europal	Home, Oakland, Ma		V 1 2 1968 REGISTRARS	was Judge
. 50		transfer timeral	nome, cakiana. Ma	rvland DAIL NU	TIN NOON KOOP	TOTAL KANDY





20881 AND THE RESERVE OF THE PARTY OF Made to the Maurice THE TEN The state of the s response in the second 1111 you thereto, it is not some AM, yarmen, programmed that there are recently delighted details James J. Stargelli, Connected, Mc. SELL OF THE SECOND

1.	13796 CERTIFICATE OF I	20 DATE OF DEATH
	DECEASED NAME (Type or print) NELL1E Theresa WOLFORD	Manth 10 Day29 Yea68 11:30A
3.	FEMALE 4. RACE WHITE S. DATE OF BIR	6. AGE (In years if under 1 YEAR IF UNDER 24 HRS. lost biblioday) MONTHS DAYS HOURS MIN.
70	a. BIRTHPLACE (State of foreign A 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR WIDOWED DIVORG	RIED 9. COUNTY OF DEATH ALLEGANY Md.
2 10	CUMBERLAND, MD. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give According to the SPITAL)	120 USUAL OCCUPATION (Kind of work done dunks) in the state working life, even if retired.)
6	dmissiba ARTATEAND 13b. COUNTY ALLEGANY CUMBERLAND	13d BEDE CITY LIMITS? 13g STREET AND NUMBER HING DR. BOWLING Greene.
14	4. FATHER'S NAME LL IAM Middle POLAND IS. MOTHER'S MAI	IDEN NAMED EST MIDDEN NAMED SHAWER
14	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, his or unknown) (If yes give wor or dates of service) None 17 HOSPATAL	RECORD 900 SETONOTOR., CUMBERLAND,
	18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PULMOVARY OB	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
1	174 X DUE TO, OR AS A CONSEQUENCE OF	2 //
	rise to immediate cause (a). Stating the underlying rause. DUE TO, OR AS A CONSEQUENCE OF	ETASTASES Sylvers
-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DELEFT BREAST 4412
1.	DAVE PARTHOR LEET TE	7 -
2	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOP YES 21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCU	
		URRED (Enter nature of injury in Part I ar Port 2, Item 18.)
10341	OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Doy Year 19	t or R.F.D. No, City or Town County State
	220. I certify that (I) (this haspital), attended the deceased from 8 × 4 × saw the deceased alive on 29 × 9 × 19 €8, and that in (my causes stated abave, (I) (we) (did) (did nat) view the body after death.	y) (our) opinion death accurred an the date and hour and from the
	22b. SIGNATURE Kahn I Indlis MDegree ATTENDING	DIRECTOR LI PHYS. LI 10 - 50 - 6 7
1	22d. Physician's ROBERT FEDDIS M.D. 22e-000R	GREENE ST., CUMBERLAND, MD.
23	30. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 11/1/68 Mount Zion Cem.	23d. LOCATION (City or Town) (County) (Stote) nr. Augusta, Hampshire W. Va.
2		25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MAKTLANU STATE DEPARTMENT OF HEALTH

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Stori Stori		15(3)	14F1 130H 1	5 / Class J 11 / Visi		CUNSTLAW, NA
. # 3/11	12	¥ #	MINJESTUZ	MLL EG 11.Y		ELVIYE VII
CHAME	2A	7-1		11910-1	4	LITTIVY
N., CLIEFLA	e wates •oo	C RECORD	A713000			
	T., CUNLERLY	A CHESTON	033	15 1. 0.		tenti i i i i i i i i i i i i i i i i i i